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Nurse
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THE NEW YORK STATE NURSES ASSOCIATION
FACTUAL CHRONOLOGY OF PRIMARY HEALTH CARE AS
A CURRENT LEGISLATIVE ISSUE FOR NURSING

1. Role change has been a recurrent evolutionary characteristic of professional nursing - exemplified a century ago in the writings of Nightingale, later in the work of Lillian Wald and more recently in conjunction with advances in technology.

Ford, Loretta C. "A Nurse for all Settings: The Nurse Practitioner." *Nursing Outlook*, 27:8 (August 1979), pp. 516-21.

2. The first contemporary "nurse practitioner" program was developed to enhance health care through advanced nursing practice.

Ford, Loretta C. "A Nurse for all Settings: The Nurse Practitioner." *Nursing Outlook*, 27:8 (August 1979), pp. 516-21.

3. It has been demonstrated that nursing itself can and must be independently responsible for the education and practice of nurses as primary health care providers.

Lambertsen, Elzmer C. "Nurse Practitioners - Who and Why?" *The Journal of the New York State Nurses Association*, 13:3 (August 1982), pp. 5-11.

4. The 1972 revision of the Nurse Practice Act in New York State was enacted to legally authorize provision of primary health care services by registered professional nurses.

Governor Nelson A. Rockefeller's Memorandum No. 1, Chapter 50, Laws of the State of New York, 1972, filed with Senate Bill 8274.

5. Educational requirements for nurses in primary health care are delineated in Section 207 of the Education Law of New York State; Rules of the Board of Regents and Regulations of the Commissioner of Education.

The University of the State of New York, The State Education Department Office of Professions, Nursing. "Information to be Provided by Programs in Nursing for Academic Program Review Prior to Registration or Reregistration," 1981.

6. Educational programs purporting to prepare practitioners in primary health care must be approved and registered by the State Education Department.

The University of the State of New York, The State Education Department. "Rules of the Board of Regents and Regulations of the Commissioner of Education." Section 52.12

7. At present in New York State there are 8 graduate schools in nursing that offer primary health care master's degree preparation and 7 health care institutions and universities that offer certificate programs.*

The University of the State of New York, the State Education Department, Office of the Professions, Nursing Education Unit, "Supplemental Clinical Programs for Graduate Professional Nurses Registered by the State Education Department."

National League for Nursing. "Master's Education in Nursing: Routes to Opportunities in Contemporary Nursing 1982-83."

8. U.S. Government support for nurses in primary health care roles was directed toward alleviating temporary physician shortages.

Le Roy, Lauren. "Case Study #16: The Costs and Effectiveness of Nurse Practitioners." *The Implications of Cost-Effectiveness Analysis of Medical Technology. Office of Technology Assessment, Congress of the United States, July 1981.*

9. From 1970 to 1980 the United States Government authorized expenditures of \$65,000,000 to prepare "physician extenders."

Le Roy, Lauren. "Case Study #16: The Costs and Effectiveness of Nurse Practitioners." *The Implications of Cost-Effectiveness Analysis of Medical Technology. Office of Technology Assessment, Congress of the United States, July 1981.*

10. Some states have enacted legislation that severely restricts nursing practice in the name of authorizing nurses as primary health care practitioners.

Statutes of the States of Florida and Oregon; correspondence from State Nurses Associations on file with NYSNA.

*Numbers do not include 5 hospital based nurse-anesthetist programs and 1 certificate nurse midwifery program.

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11. Legal regulation of nursing practice should be broadly stated and flexible; practice specialties should not be defined. The statute should not be subject to revision for the sake of expediency in dealing with temporary problems such as shortages or threats to the economic status of physicians.

American Nurses' Association, Inc. "Memo to Executive Directors of State Nurses' Association and State Boards of Nursing." New York, April 3, 1970.

American Nurses' Association, Inc. "Nursing - A Social Policy Statement." American Nurses' Association, December 1980.

American Nurses' Association, Inc. "The Nursing Practice Act: Suggested State Legislation." G:142 IN, December 1982.

National Joint Practice Commission. "Statement on Medical and Nursing Practice Acts." Kansas City, Missouri, February 1974.

Nichols, Barbara L. and Yates, Judith A. "Memo to State Nurses' Association, ANA Board and Chairperson: Legal Regulation of Nursing Practices." Kansas City, Missouri, April 30, 1982. (Typewritten.)

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THE NEW YORK STATE NURSES ASSOCIATION

CONVENTION

FORUM ON PRIMARY CARE

October 26, 1982

ISSUES

ISSUE #1

Is the provision of primary care the practice of nursing or the practice of medicine?

"The intent of the first nurse practitioner demonstration project was to determine the safety, efficacy, and quality of a new mode of nursing practice designed to improve health care to children and families and to develop a new nursing role - that of pediatric nurse practitioner."

Loretta C. Ford, "A Nurse for All Settings: The Nurse Practitioner," Nursing Outlook, 27:8 (August 1979), pp. 516-21.

"The concept of using non-physician health professionals to perform basic medical services traditionally provided by physicians emerged in the mid-1960's amidst widespread concern over a perceived physician shortage."

Lauren LeRoy, "Case Study #16: The Costs and Effectiveness of Nurse Practitioners," The Implications of Cost-Effectiveness Analysis of Medical Technology (Office of Technology Assessment, Congress of the United States, July 1981.)

"It was from trends in practice, education, and research in nursing and health care that the first nurse practitioner program was conceptualized. The dearth of physician manpower provided the opportunity to test new roles; it was not, however, the *raison d'etre* for the initiation of the expanded role.

"My personal goal was to test an advanced clinical role for the community health nurse, and, if successful, to influence collegiate nursing education programs.

"The pediatric nurse practitioner program was futuristically designed within the parameters established by the nursing profession.

"Before the original project was completed, many similar programs were initiated to prepare nurse practitioners, first in pediatric care and, later, many other kinds of nurse practitioners, such as family, adult, school, obstetrics/gynecology, geriatric, and perinatal nurse practitioners. These later models included a larger component of the medical management of patients, though the essential framework of the pediatric nurse practitioner remained. However, some of the changes made in these later models lost sight of the academic standards, the initial goal of integrating the nurse practitioner concepts into the degree curricula, and the maintenance of the major conceptual and philosophical dimensions of the nursing role."

Loretta C. Ford, "A Nurse for all Settings: The Nurse Practitioner," Nursing Outlook, 27:8 (August 1979), pp. 516-21.

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".... the labeling of the nurse practitioner as a physician extender, midlevel practitioner, or new health professional all created illusions that medicine and nursing were on a hierarchical continuum of preparation and practice, with the physician and medicine at the pinnacle. Implicit in this assumption was that medicine was a generic discipline encompassing all aspects of curing and caring, comprehensive in its nature to include prevention, promotion, restoration, rehabilitation, and terminal care, and legally and professionally authoritative and all powerful."

Loretta C. Ford, "A Nurse for All Settings: The Nurse Practitioner," Nursing Outlook, 27:8 (August 1979), pp. 516-21.

ISSUE #2

Is the nurse practitioner a new and distinct health professional? (What distinguishes the nurse practitioner from other nurses?)

"The model of the nurse practitioner was created fourteen years ago (1965) to expand the scope of nursing without altering its essential nature....today....the nurse practitioner is fast becoming the norm for qualified professional nurses, regardless of the settings.

"Role expansion....is not new for nurses; indeed one must view modern nursing practice as an early product of role expansion.

"After nursing practice was initially expanded by many nurses prepared in continuing education courses, baccalaureate nursing programs began to incorporate expanded role concepts into both their basic and advanced curricula. Their students are now learning to develop a comprehensive data base, to make judgements on the physical and psychosocial status of patients, to record their findings, and to use these to develop nursing care plans to the level of their scientific preparation and stage of professional development. Some schools of nursing, like Herbert Lehman in New York and the University of Arkansas, have built their basic curriculum around expanded role concepts. At Lehman, students are expected to incorporate not only the traditional skills but also "four components of primary care nursing- accountability, leadership, assessment, and management- that we (the faculty) regard as essential to effective practice."

Loretta C. Ford, "A Nurse for All Settings: The Nurse Practitioner," Nursing Outlook, 27:8 (August 1979), pp. 516-21.

"Physical assessment skills must be seen as necessary to developing a sound basis for nursing plans, not as extra skills that place the practitioner between two professional disciplines."

Diane O. McGivern, et al., "Teaching Primary Care in a Baccalaureate Program," Nursing Outlook, 26:441 (July 1976), p. 445.

"Nurse practitionering is the use of better data gathering and the providing of complete nursing care for clients. Many of the differences between nurses and nurse practitioners simply are those in client relationships."

Mary O'Neil Munding, Autonomy in Nursing (Aspen Systems Corp., 1980), p. 114.

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"Primary care is not synonymous with physical assessment. Examples of hands-off primary care are the clients who ask for and require counseling and education to resolve a health problem or lower the risk of one-the new diabetic, the overweight executive, or the stressed and anxious college student. Although physical assessment is not always a requirement of primary care, it greatly enhances the service, especially if the assessment is carried out by the same primary care-giver."

"Instead of the nurse practitioner's being regarded as a new and special breed of health practitioner, skilled in management of common medical problems, that person should be seen as the generic nurse of the future who has extended the scope of client conditions where nursing therapy can be utilized fully."

Nurse vs. Nurse Practitioner

"Much has been written here about the special qualitative difference the nurse practitioner can make in clients' health achievements, especially in a joint practice. Nursing still faces a mish-mash of titles and educational preparation, all lumped together under R.N. As clinician, clinical specialist, and now nurse practitioner have arisen within the R.N. ranks, there is more confusion, fragmentation, and concern for the client about what to expect from a nurse. And indeed there is a difference in scope of practice. Nurse practitioner is not a new breed or new health professional as some would have us believe. Nurse practitioner is the generic nurse of tomorrow. The word practitioner was tacked on at a time when the profession and the public needed to identify a big jump forward in the scope of nursing autonomy and accountability. The new skills were a conscious effort to make that giant step, not just incremental progress."

"Now that those skills have become incorporated into the practice of many nurses, the differential title is becoming superfluous. As long ago as 1972, almost every baccalaureate nursing program in the country was adding physical assessment skills to its curriculum. Now widespread are master's degree and continuing education programs to teach history taking and physical assessment for baccalaureate degree holders lacking those skills. Management skills based on those data are also being taught."

"Eventually every nurse will have the nurse practitioner skills and perspective. Nurse means professional nurse, and regardless of the setting where each practices, the repertoire of skills, the depth and scope of learning, and the accountability to clients for care will be the same."

Mary O'Neil Munding, Autonomy in Nursing (Aspen Systems Corp., 1980.), pp. 116, 126, 158.

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"At first, the integration of practitioner concepts addressed mainly the needs of students preparing for practice in primary care settings. The current trend in graduate programs, however, is to encourage comprehensive assessment skills and management in all the advanced majors. In some schools, core courses which provide learnings in comprehensive assessment are offered for all graduate students regardless of their specialty."

Loretta C. Ford, "A Nurse for All Settings: The Nurse Practitioner," Nursing Outlook, 27:8 (August 1979), p. 520.

"In addition to formalizing nursing theoretical frameworks for primary health care, educators now can provide practitioner students with experienced role models. No longer do we have to look to physicians to help implement the role. This phenomenon can short-circuit the "mini-doc" syndrome and free up new practitioners to advance the profession with innovative approaches for combining nursing and medicine."

Molly C. Billingsley and Doreen C. Harper, "The Extinction of the Nurse Practitioner: Threat or Reality?" Nurse Practitioner, 7:9 (October 1982), pp. 22-30.

"The nursing community was divided over A.11922. It seemed that it would have benefited certain practitioners, but not all. A serious question arose over whether it might actually harm the profession by interrupting through government fiat the natural evolution of nursing."

Maurice D. Hinchey, in a letter to Cathryne A. Welch, September 27, 1982.

"The realities of hospital practice have meant that nurses have become more directly involved in patient treatment. In fact, many of the tasks formerly regarded as solely those of a physician are now commonly shared by nurses. Monitoring cardiac arrhythmias, electrolytes, and blood gases and administration of intravenous medication are but a few of many examples. This shifting interface between nurses and physicians has caused some confusion about the proper role for nurses and the relation of nursing functions to medical functions in the optimal care of patients. In intensive-care units and various specialty services in which the interface has been well defined and timely decision making is critical, physicians and nurses have worked together effectively and without conflict. The dramatically increased survival rates of low-birth-weight infants, for example, are directly attributable both to advanced knowledge and technology and to the effective collaboration of doctors and nurses."

"However, in noncritical care, the authority of nurses to make necessary decisions is more ambiguous. This is not a problem of confrontation involving boundary disputes: nurses do not seek to be "captain of the team." They do, however, need the authority to act in matters within

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their spheres of competence. Changing inappropriate special diets; modifying medications when indicated, including dosage and mode of administration; rescheduling strenuous diagnostic procedures as warranted by patients' conditions; changing surgical dressings if needed; deciding on the frequency of vital-sign monitoring; inserting catheters for patients unable to void; and contributing to decisions on the appropriate time and place for hospital discharge are all examples of such judgements, which if not made in a timely fashion result in inconvenience and discomfort to patients and in diminished productivity for both doctors and nurses.

"A promising strategy for the improvement of nursing-home care is to strengthen the role of nurses as primary providers, with physicians in consultative roles. Physicians and nurses working collaboratively could improve care for patients, enhance opportunities for recruitment and retention of nurses, and give physicians a greater sense of accomplishment about the value of their own participation in nursing home care."

Linda H. Aiken and David Mechanic, "A Cooperative Agenda for Medicine and Nursing," The New England Journal of Medicine, Vol. 307 No. 12 (September 16, 1982), pp. 747-50.

"Primary health care services are not the exclusive domain of nurses who call themselves nurse practitioners. Such services are routinely implemented by community health nurses, clinical nursing specialists and other nurses currently practicing under other specialty titles. Different categories of professional specialists are normally not defined in laws regulating the professions.

"The legislation does not in any way preclude nurses from delivering primary health care services to the extent that they are legally part of nursing practice.

"It is true that professional specialties are not normally defined in the law. However, we do not consider nurse practitioners to be a specialty. This bill directs itself to that practice which crosses legally determined lines between professions."

Rachael Block, "Response to NYSNA's Memorandum in Opposition to Prepared Nurse Practitioner Legislation," (New York State Assembly, 1982)

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TABLE 1

WESTERN STATES	YEAR EXPANDED ROLE RECOGNIZED	BOARD REGS.	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP or BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION SPECIFIC MENTION		NAT. CERT. RECOGNIZED	PRESCRIPTION DRUGS	REMARKS
						MIDWIVES	ANESTHETISTS			
Alaska	1974	Nurs & Med	---	---	Advanced NP Adv. N.P. in remote location	---	---	required*	Yes-Class I and II	*Interim preceptorship permits issued until nationally certified
Arizona	1973	Nurs & Med	Yes	---	PNA; FNP; ANP OB-GYN NP	Yes	---	recog.	Pre-packaged in rural areas	Exam required- Nat. exam can be used
California	1974	Nurs	Yes	Yes	Including ANP; FNP; OB-GYN-NP; FNP	Yes	---	recog.	Experimental projects only	
Colorado	1974	---	Yes	---	Advanced practice of nursing	Yes	---	recog.	---	
Hawaii	1979	Nurs	---	---	Expanded role*	Yes	Yes	recog.	---	*ANA standards for clinical specialists and N.P.'s used
Idaho	1971	Nurs & Med	Yes	Yes	N.P.	*Yes	Yes	---	With protocol	*Midwives considered a N.P. specialty

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TABLE 1 (CONT'D.)

WESTERN STATES	YEAR EXPANDED ROLE RECOGNIZED	BOARD REGS.	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP or BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION		NAT. CERT. RECOGNIZED	PRESCRIPTION DRUGS	REMARKS
						MIDWIVES	ANESTHETISTS			
Montana	1976	---	---	---	---	Yes	---	---	---	
Nevada	1973	Nurs	Yes	Yes	N.P.	---	---	recog.	Protocol*	*Controlled substances only with Board of Med. approval
New Mexico	1975	Nurs	Yes	---	N.P.	Yes	Yes	recog.	Yes	
Oregon	1973	Nurs	Yes	---	N.P. including FNP; PNP; ANP; GNP; Psych/Mental Health N.P.; Women's Health N.P.; School Health N.P.; College Health N.P.	Yes*	---	---	---	*As an N.P.
Texas	1979	Nurs	---	---	Advanced N.P.	---	---	---	---	Regs. being challenged by Mod. & Resp. Association
Utah	1975	---	Yes	---	---	Yes	---	---	---	
Washington	1975	Nurs & Med	Yes	---	Certified R.N.	Yes	Yes	required	CRN with 30 hrs. pharm.	Advanced R.N. & specialized R.N. discontinued 1980
Wyoming	1975	Nurs & Med	Yes	Yes	---	---	---	---	---	Midwives, anest. and N.P. included in common regs.

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TABLE 1 (CONT'D.)

MIDWESTERN STATES	YEAR EXPANDED ROLE RECOGNIZED	BOARD REGS.	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP OR BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION			PRESCRIPTION DRUGS	REMARKS
						SPECIFIC MENTION MIDWIVES	ANESTHETISTS	NAT. CERT. RECOGNIZED		
Illinois	1975	Board of Opinions on prof. nursing	Yes	---	---	---	---	---	---	
Indiana	1974	Nurs & Med	Yes	---	---	---	---	---	---	
Iowa	1976		Yes	---	ARNP- including FNP; School N.P.; PNP; Mental Health N.P.	*Yes	*Yes	---	---	*Types of ARP
Kansas	1978	Nurs	Yes	---	ARNP	---	---	---	---	
Michigan	1978	Nurs	Yes	---	N.P.	Yes	Yes	required	---	
Minnesota	1974	---	Yes	---	---	---	---	---	---	
Missouri	1976	---	Yes	---	---	---	---	---	---	
Nebraska	1974	Nurs & Med	Yes	---	---	---	---	---	---	Board of Nursing blocked from promulgating rules by Attorney General

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TABLE 1 (CONT'D.)

MIDWESTERN STATES	YEAR EXPANDED ROLE RECOGNIZED	BOARD REGS..	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP or BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION		NAT. CERT. RECOGNIZED	PRESCRIPTION DRUGS	REMARKS
						SPECIFIC MENTION MIDWIVES	ANESTHETISTS			
North Dakota	1977	Nurs	Yes	---	---	---	---	---	---	
Ohio	---	---	---	---	---	---	---	---	---	
Oklahoma	---	---	---	---	---	---	Yes	*required	---	*For anesthetists
South Dakota	1972	Nurs & Med	Yes	---	N.P.	Yes	Yes	*required	Yes	Practice agreement required *National cert. for anesthetists
Wisconsin	---	---	---	---	---	---	---	---	---	Board memo indicates N.P. congruent with law.
NORTHEASTERN STATES										
Connecticut	1975	---	Yes	---	---	---	---	---	---	
Delaware	1978	Nurs	---	---	ARNP	---	---	recog.	---	Statement by Board of Nursing—no law or regulations yet.
Maine	1974	Nurs	Yes	---	Nurse Associate or N.P.	---	Yes	---	as agent of M.D.	

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TABLE 1 (CONT'D.)

NORTHEASTERN STATES (CONT'D.)	YEAR EXPANDED ROLE RECOGNIZED	BOARD REGS.	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP or BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION			PRESCRIPTION DRUGS	REMARKS
						SPECIFIC MENTION		NAT. CERT. RECOGNIZED		
						MIDWIVES	ANESTHETISTS			
Massachusetts	1975	—	—	Yes	N.P. Psych/ Mental Health Clinical Spec.	Yes	Yes	—	—	
New Hampshire	1974	Nurs & Med	Yes	—	ARNP, (PNA; FNP; OB-DYN N.P.; Pediatric Nurse Clinician, Community Health; Psych/ Mental Health)	*Yes	*Yes	**required	emergency use	*Midwife one type of ARNP **National cert. required for nurse anesthetists & midwives
New Jersey	1974	Nurs*	Yes	Yes	—	—	—	—	—	Guidelines
New York	1972	Nurs	Yes*	—	—**	Yes	Yes	—	—	*Guidelines for N.P. Programs **Special pro- visions for school nurse practitioners. Council to State Education Dept. has ruled diagnosis and treatment illegal.
Pennsylvania	1973	Nurs & Med	Yes	—	Cert. Reg. N.P.	Yes*	Anes.	required for anes.	—	*Medical Board exam given.
Rhode Island	Not yet*	—	—	—	—	—	—	—	—	*No prohibition against diag- nosis and treatment
Vermont	1974	—	Yes	Yes	—	—	—	—	—	

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TABLE 1 (CONT'D.)

SOUTHERN STATES	YEAR EXPANDED ROLE RECOGNIZED	BOARD REGS.	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP or BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION		NAT. CERT. RECOGNIZED	PRESCRIPTION DRUGS	REMARKS
						SPECIFIC MENTION MIDWIVES	ANESTHETISTS			
Alabama	1975	Nurs	Yes	---	---	Yes	Yes	required*	---	*Can practice while waiting results of first writing of exam in anes.
Arkansas	1979	Nurs	---	---	Reg. N.P.	---	Yes	recog. for anest.	---	
Florida	1975	Nurs & Med	Yes	Yes	ARNP (FNP; Fam. Plan; PNP; Geriatric N.P., Adult Primary Care N.P.)	*Yes	*Yes	---	---	*Categories of ANP
Georgia	1979	Nurs	---	Yes	N.P.*	Yes	Yes	required	---	*Rules in draft form - master's degree by 1990
Louisiana	1976	Nurs	Yes	---	Advanced Prac. of Nurs. (Primary nurse associates; clinical specialists)	Yes	Yes	recog.	---	
Kentucky	1978	Nurs	Yes	---	ARNP	Yes	---	required	---	
Maryland	1974	Nurs	yes	---	---	---	---	---	---	
Mississippi	1976	Nurs & Health	---	Yes	PNP or PTA; ANP; Family Planning N.P.; FNP; Primary Care N.P.; OB-GYN N.P.	Yes	Yes	required*	---	*Graduates of NP, Anest. & Midwifery Programs—can practice up to 18 months while they attain nat certification.

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TABLE 1 (CONT'D.)

SOUTHERN STATES (CONT'D.)	YEAR EXPANDED ROLE RECOGNIZED	BOARD REGS.	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP or BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION		NAT. CERT. RECOGNIZED	PRESCRIPTION DRUGS	REMARKS
						SPECIFIC MENTION MIDWIVES	ANESTHETISTS			
North Carolina	1973	*Med & Nurs	---	---	FNP; Family Planning N.P., PNP	*Yes	---	*required	Special formulary	*Statutory power is Med. Board-nursing only recommends *Midwives a type of N.P. *National certification for midwives
South Carolina	1975	Nurs	Yes	Yes	---	Yes	Yes	*required	---	*For nurse midwives and anest. Board statements for acute care N.P.; additional acts for licensed practical nurses; Psych./mental health clin. spec.; com. health clin. spec.; FNP; Family Plann. N.P.; Geriatr. Health N.P.; PNP; School N.P.
Tennessee	1972	Nurs	---	Yes	---	---	---	---	---	
Virginia	1975	*Med & Nurs	---	Yes	N.P. (FNP & PNP programs approved)	---	Yes	---	---	*Statutory coverage of N.P. in Med. Practice Act

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TABLE 1 (CONT'D.)

SOUTHERN STATES (CONT'D.)	YEAR EXPANDED ROLE DEFINITION	BOARD REGS.	EXPANDED DEFINITION OF R.N.	PROTOCOLS	NP or BLANKET SPECIALTY CERTIFICATION	STATE CERTIFICATION			REMARKS	
						SPECIFIC MENTION MIDWIVES	ANESTHETISTS	NAT. CERT. RECOGNIZED		
West Virginia	*	Nurs	---	---	ARNP*	Yes	Yes	---	*Draft-not adopted yet	
OTHER JURISDICTIONS										
Guam	---	---	---	---	---	---	---	---	---	---
Puerto Rico	---	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	Yes	---	---	---	---
Washington, D.C.	---	---	---	---	---	Yes	---	---	---	---

ABBREVIATIONS:

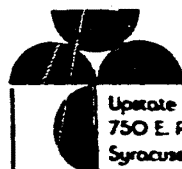
- ARNP - Advanced Registered Nurse Practitioner
- ANP - Adult Nurse Practitioner
- FNP - Family Nurse Practitioner
- PNA - Pediatric Nurse Associate
- PNP - Pediatric Nurse Practitioner
- RN - Registered Nurse
- OB-GYN NP - Obstetrical-Gynecological Nurse Practitioner

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STATE UNIVERSITY OF NEW YORK



Upstate Medical Center
750 E. Adams St.
Syracuse, New York 13210

Nurse Practitioner Program

(315) 473-4276

April 28, 1981

OPEN LETTER TO: Elaine Beletz, President NYSNA
Board of Directors

The Number 1, March 1981 Legislative Bulletin contains an editorial, with no editor identified, which boldly requests that a "case for nursing unity" be made over the Primary Health Service Legislation (ie: The Governor's bill). It asks the question "will nurses stand united for preservation of the Nurse Practice Act and consumer access to legitimate nursing services? OR will nurses be divided and thereby aid passage of anti-nursing and thus anti-public legislation?" It goes on to urge unity behind the Governor's bill, warns of the dangers other pending legislation may impose from NYSNA's point of view, and states that passage of any other legislation would destroy nursing unity.

On the face of this, it is a wonderful proposal. The need for nursing unity in all issues affecting the profession is, and will continue to be of paramount importance if we are to continue to grow and impact positively in the health care arena.

To those of us who have worked continuously for the last seven years to educate the public and the profession of the work and role of nursing in the primary care area, it should feel like a wonderful step forward and perhaps the answer to our prayers. It doesn't. I hasten to give you my reasons why.

The issue is not one of unity or disunity as the organization states. The need for legislation to "enhance the role of the nurse in our health care system... (and) to permit registered professional nurses who meet certain educational requirements to provide primary health care services" (Governor Cary's 6th Annual State of the Health Message, March 4, 1980) has been an urgent need since the legal opinion of one person representing the State Education Department rendered some of the practice of nurse practitioners in primary care illegal. (1976) Efforts to bring NP's to trial for their illegal acts have been notably unsuccessful, but the threat of prosecution, harassment of NP's in their work settings, and loss of jobs to non-nurses because of the nature of that decision have been a constant problem. The issue is that there are over 2,000 nurse practitioners practicing in New York State under constant threat of prosecution - not because they are practicing poor nursing care, but because a single opinion/interpretation of the law governing their practice continues to prevail, which limits it.

The interpretation of the illegality of the practice act was considered by NYSNA and by me as a narrow one, probably not appropriate and surely not in the best interest of the nursing profession or the future of health care

delivery in our state. The early attempts by nurse practitioners were to encourage and persuade the State Education Department and officials of the Health Department that this was so. It swiftly became apparent that one indirect method of controlling nursing practice in the future was to do it through its newest and most vulnerable minority, nurse practitioners. When we turned to NYSNA for help, we were told often, there was no problem. The practice act was fine. Easy to say when it is not your license at stake; hard to take when your professional organization does not choose to recognize your plight even though they propose to represent you.

The lack of united effort for nursing by the major professional organization and the Board of Nursing which governs the legal practice of the profession has been a frustrating and astounding situation for six years on this issue. Indeed, since the very beginning of the difficulty relating to nurse practitioners there has been a lack of productive communication which might well have solved the problem. In many efforts to understand the differences and to try to bring some spirit of compromise to the problem, I have had conversations with both Executive Directors, which have clearly shown a standoff posture on both sides. In my observation, each group expects the other to change their mind. Neither clearly recognizes the role they should play in the ongoing development of sound nursing practice which regulates as little as possible and protects the public maximally. There is rhetorical public cooperation, but after six years of listening to conflicting logic, double bills being presented, walking back and forth between two offices and hearing absolutely opposing views, I feel it is a time for more substantial evidence of real cooperation. Sadly, I do not see it on the horizon.

From the beginning what was needed by the N.P. constituents in NYSNA was recognition of the problems they faced in this untenable position, support in trying to find a solution and the unity you so desperately seek at this time to help them find ways to maintain their professionalism and continue their practice. Other nurses needed to recognize that their colleagues were in trouble, try to understand the difficulty and support them in their effort to expand the horizons of nursing into primary care.

What was given was a dishonorable discharge from the profession! The vitriolic, constant and damaging accusations that NP's are not nurses which are promulgated and publicly presented by members of the staff and elected representatives of NYSNA certainly are no show of unity from the prospective of the NP's you represent.

A classic example of one caustic address was published as late as this fall in the Journal following the convention under the authorship of Dr. Veronica Driscoll. It was not a new message. I have heard it in one form or another for the last several years. NP's have been the cause of many problems, they are the example of nurses who have sold out, been dissuaded from "true nursing", they are the "bad seed" - most certainly to be ignored if not destroyed. They do not toe the line. They do not know what nursing is. NYSNA does not support them.

The appalling lack of understanding of the role of nursing in primary care could be forgiven on the basis of personal bias, or even a lack of being in touch with the needs of today's patients and the nurses who care for them. But this view is not a single person's idea which the organization may fail to own. I have born the shame of this state of arrested adolescence, where self-identity

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is so fragile that it cannot sustain differences within "the peer group", for the last seven years as an oft repeated, widely circulated opinion of NYSNA in its forums, its conventions and its legislative missles, the disbelief of legislators, fellow NP's, nurses who do not share this feeling, physicians who respect the role of nursing in health delivery and myself with as much dignity as I can muster. It is hard not to be equally as brutal and unconstrained, to disown the organization which so badly represents me. But I have strongly held the beliefs that nurses MUST learn to respect each other, that in these times of growth we cannot afford to bloody each other in public, that we do not have the luxury to disown some of our very best nurses, that our role is to be competent rather than clones, and our responsibility is to help each other understand our strengths and needs so that we can better stand the buffeting which lies ahead as health care changes and nursing seeks its rightful place in caring for patients. It has been painful to be true to these beliefs. However, a few of us managed not only to keep our membership and establish a special interest group which might better represent us, but have managed to convince injured nurse practitioners that they did have a right to representation by their professional organization. Even with our imperfect method for counting them all, NYSNA has over 650 nurses in the primary care group, a healthy increase from four in 1977. We have also established local groups of NP's and others who feel they practice in expanded roles. In many cases we have been able to convince them to become special interest groups within the districts, and all contain NYSNA members. In a state where tri-level membership is not mandatory, that is an impressive feat in the face of all the controversy which has been raised by the organization relating to their practice.

We have done this because we believe in unity, we care about the future of nursing and we want to be recognized as the professional nurses we are. It is time that you looked at these real motives and cease to imbue us with "other agendas" - a term often expressed in Guilderland, and most recently to the elected chairperson of our special interest group. We are a worthy group of nurses who deserve better from you. We know what unity is. Perhaps there are some lessons to be learned from us. Primary care teaches the nurse many lessons. Among them is the need for cooperation between all health care personnel, the need to engage the patient in their own care and the need to trust interdependent relationships. Patients are not your captives, physicians and other health care personnel are not the enemy and your practice is based on competence and the recognition of your own antonym and responsibilities.

The term "independent practice" strikes fear in the hearts of many, and is the watchword of the new left in nursing. It is a grossly misunderstood term. Nurses should want the opportunity to practice and be paid for services they are trained to provide. They have a right to independent decision making within their competence and have the responsibility of setting the parameters of their practice. Being an independent practitioner does not mean isolation of oneself or ignoring the need of interdependent practice between professions. It takes a nature level of self-identity and confidence to trust, to collaborate, to function in primary care. When NP's are asked about their willingness to work with physicians they often express their willingness to do so. I know very few nurse practitioners who feel this relationship is one of dominance, but rather a mode of interdependent practice based on mutual respect and shared responsibility. Most feel they are practicing nursing to the best level of their competence, and enter the areas of shared expertise between all health professionals secure in their individual level of competence in those areas. It is as foolish to call this type of practice "selling out" as it is to call marriage or other shared states of living together aberrant. Collaborative practice only hurts those who

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cannot build levels of trust and cooperation that are functional.

The wording of the legislation to be supported is important. There is nothing wrong with the Governor's bill from my perspective, but then, there was never anything wrong with the nurse practice act. The issue is still that there must be some legislative agreement about the practice of nurse practitioners. The bottom line in getting legislation is getting it sponsored and voted upon positively. Both NYSNA and nurse practitioners have been very active in the legislative halls in the last few years. We know the tangled and often powerful roles played by special interest groups both in the scene and behind it the power struggles and the need for strong lobby. At the writing of this, the Governor's bill has no sponsor. What I have been told by many of the actors in the play about nurse practitioners is that the Governor's bill has not a prayer of ever getting voted upon positively by a majority of legislators. And so, the plea to be united behind a bill that cannot succeed, to solve a problem that desperately needs solution, is a hollow, if not foolish one. The resistance of NP's to back the bill with no conversations about the possibility for negotiation with the two other bills that are forthcoming comes from a realistic sense of the situation, not a resistance to unity.

Although the Legislative Coordinator stated earlier in the year that NYSNA was opposed to compromise, I choose to believe that was not a statement of fact, but merely an opinion. Compromise does not mean loss, it means function. To disagree does not mean one is a dissident. To be different does not warrant being drummed out of the ranks. The concept that "a nurse is a nurse is a nurse" is an ancient and backward a stance as "a patient is a thing with no rights."

If what you truly want is unity, than I submit that you must listen better to the units, care about the individuals that you have been elected to represent and solicit their ideas, opinions and needs with less selectivity.

I belong to NYSNA because I am a nurse who believes in the honor of our profession, the need for changing and evolving roles for nurses in a changing society and I resent being represented as an outsider, a "non-nurse" a "seller-out" among my peers who should, at the least, give equal time and consideration to my needs as they do to theirs and who should not use public arenas to bloody me, but should support me as a colleague and argue fairly with me in private.

The continued need for legislation, or to change the legal opinion of the State Education Department remains THE issue at present. The need for unity is real. Unity takes many forms. I look hopefully to a future within NYSNA when I can again feel a valued member of my peer group, and not need to waste my energy battling for what is rightfully the realm of nursing both within and without.

Whatever energy I can give to promoting this future I offer as a nursing colleague. I strongly urge you to listen to the 2,000 nurse practitioners who practice in this state lest you sever your own right arm and find out you cannot write with your left.


Respectfully, your colleague


Fay W. Whitney
Fay W. Whitney, RN, MS, ANP
Associate Professor and Director
Nurse Practitioner Program

FWW/jk

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May 1, 1981
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 STATE UNIVERSITY of NEW YORK

 Upstate Medical Center
750 E. Adams St.
Syracuse, New York 13210

Nurse Practitioner Program
(315) 473-4276

May 1, 1981

TO: Elaine Beletz, President
Board of Directors

Thank you for the opportunity to observe and participate in the recent Board of Directors meeting on April 30, 1981.

My purpose in being there was to accompany Alice Chico, my colleague, and to support her efforts to keep lines of communications open between groups of nurses who are working to support legislation that will allow the practice of nurse practitioners in this state. Since resolutions of the Board had already been drafted prior to her presentation, my presence was not necessary, and although the discussion was sidetracked into related issues, I wish to reaffirm for you what was said during lunch relating to Alice's role with Coalition in the past.

Alice has utmost integrity as a person and a nurse and has, from my perspective, represented NYSNA in a straightforward and open way. She has never claimed to be the spokesman for NYSNA, but only stated her intention to seek the board's approval of such a position. She has been forthright in sharing with you, through Jane Fielding, all of her activities relating to the Coalition and made available to you materials pertinent to the group. If she has been represented otherwise, I believe that to be a disservice to her. I am personally sorry that she will not be continuing in that role since she has made a prodigious effort to carry the message to the Coalition that she brought to you. Without speaking for her, I think she shares my commitment to listen to many voices and to try to keep communication flowing between groups, regardless of the circumstances. In short, I believe Alice has well represented you in the past in her relationship with the Coalition and I trust that you will not be influenced to believe any other way.

By now you have received the letter I sent to you regarding my feelings and frustrations. I am sure some of them were evident during the meeting. The views and ideas expressed by me in the meeting are my own. Although I was introduced as an officer of the Coalition by you, I did not come to represent the Coalition, and would not want the Board to believe that they were receiving information or opinions that reflect the concensus of the membership of the Coalition. That maybe something which would be desirable to seek in the future, and in keeping with my desire to continue to work toward a united effort, I would be glad to facilitate that occurrence. Please call on me if I can be of help.

Thank you for your kind invitation to share in your party luncheon. It was a fine idea which I am sure the staff appreciated, as did I.

Kindest personal regards,

Fay Whitney

Fay W. Whitney, RN, MS, ANP
Associate Professor and Director
Nurse Practitioner Program

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CATHRYNE A. WELCH, RN, EdD
EXECUTIVE DIRECTOR

New York State Nurses Association

2113 WESTERN AVENUE
GUILDERLAND, NEW YORK 12084
PHONE (518) 456-9333

May 6, 1981

COPY

Fay W. Whitney, R.N., M.S., A.N.P.
Associate Professor and Director
Nurse Practitioner Program
State University of New York
Upstate Medical Center
750 East Adams Street
Syracuse, NY 13210

Dear Ms. Whitney:

Your April 28 and May 1 letters to President Beletz were received in this office May 1 and May 4 respectively and have been brought to Dr. Beletz' attention. The copies which you sent for the Board of Directors are being distributed to them.

Sincerely yours,

Cathryne A. Welch
Executive Director

CAW:wmb



NYSNA LEGISLATIVE BULLETIN

NEW YORK STATE NURSES ASSOCIATION, 2113 WESTERN AVENUE, GUILDERLAND, N.Y. 12084 • (518) 456-9333

Issue No. 1: March, 1981

NURSE RECRUITMENT/RETENTION, HEALTH CARE SYSTEM REFORM DISCUSSED BY GOVERNOR IN "STATE OF THE HEALTH" MESSAGE

On March 4, Governor Carey presented to the Legislature his 6th annual "State of the Health" Message. It encompassed five broad areas: The Emergent Crisis in the Health Professions, Health Care System Reform, Medicaid Management, Risk Populations, and Protecting Our Future.

Nurse Recruitment/Retention

"The nursing profession has always been one of the mainstays of the health care system," the Governor declared at the outset of his discussion of "The Emergent Crisis in the Health Professions." He then noted that New York "is currently faced with severe problems in recruiting and retaining qualified nurses."

"The solution to this problem," Carey said, "lies in improving retention of nurses within New York State, within individual health care facilities and within the nursing profession itself rather than in increasing the supply of registered nurses through the State's nursing education system. Accordingly, I will direct those State agencies concerned with the education and employment of nurses to assist hospitals, nursing homes and other nursing employers in improving career plans for their nursing staffs, in developing creative and flexible work schedules which recognize personal and family needs, and in expanding continuing education opportunities for professional enrichment."

Interestingly, the Governor's comments echo those made, just one week earlier, by NYSNA President Elaine E. Beletz at a Public Hearing on nursing issues.

She pointed out that "nurses are individually licensed professionals," then urged as a remedy for the alleged nursing shortage: "permit them to practice their profession." Elaborating on this, President Beletz said:

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Editorial

PRIMARY HEALTH SERVICE LEGISLATION: A CASE FOR NURSING UNITY

That age-old problem is upon us once again. Various non-nursing groups are trying to trespass into nursing; violate the integrity of the Nurse Practice Act; carve out, re-define and force non-nursing supervision of legitimate nursing functions.

How do these groups plan to achieve their goal? The first and most important step is (as it has been in the past): divide the nursing community. Division in our ranks nullifies the credibility of any "voice of nursing" and thus weakens nursing opposition to inappropriate interference. Also, disunity and disagreement among nurses, particularly on such a fundamental point as the scope of professional nursing practice, gives support to those who claim nurses can't "get their own house in order" and therefore need outside direction and supervision.

At this time the specific issue is state legislation pertaining to provision of primary health care services by registered professional nurses.

The question is: Will nurses stand united for preservation of the Nurse Practice Act and consumer access to legitimate nursing services? Or will nurses be divided and thereby aid passage of anti-nursing - and, thus, anti-public legislation?

The case for nursing unity can be found

(cont. page 3)

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PRIMARY CARE (continued)

in Governor Carey's legislative proposal. As indicated in his recent State of the Health Message (see page 1 article), the Governor plans to re-submit a bill that re-affirms the right of professional nurses to provide primary health care services and facilitates consumer access to these services.

This bill will hold nurses directly accountable to clients and will remove questions and impediments that have plagued primary nursing services. Conversely, this bill will *not* characterize nursing practice as medically delegated or supervised, nor will it establish an additional title or license for nurses in primary care.

In short, the Governor's proposal will preserve nursing's autonomous identity and maintain the integrity of the Nurse Practice Act as well as its consistency with other professional acts.

The Governor's proposal merits the unified support of nurses. NYSNA calls upon the nursing community to mobilize behind the Governor's bill - swiftly and emphatically.

A bill has already been introduced in the Assembly (A.2165) which would allow certain nursing functions only "under the direction and guidance..." of a physician. This bill also gives the State Education Commissioner the power to "adopt regulations establishing special areas of nursing practice, identifying the general and specific services which may be provided by nurses..."

In addition, the State Education Department intends to introduce legislation on this subject again this year. The Department's bill of last year characterized nursing as medically delegated and supervised. It also gave the Commissioner almost unlimited power to define nursing practice and establish education and certification requirements for nursing.

It would be a crippling blow to nursing autonomy and self-regulation if our own disunity provided the opportunity for passage of any bill other than the Governor's. Even worse, the public's access to services of qualified nurses would continue to be limited by other health care providers or institutions.

In 1972, nurses rallied unified support for passage of our landmark Nurse Practice Act. In 1981, will we rally the same unity and courage? Or will we be divided and permit erosion of the very definition of practice we fought so hard to achieve? The long view of history suggests that when dealing with "survival" issues, nursing unity prevails. Now is *not* the time to reverse that proud history!

Governor Carey's representatives report that the Governor's Bill will be introduced around April 1 - Watch for bill numbers!

NYSNA PROGRAM BILLS

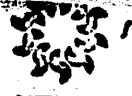
'85 PROPOSAL AND EXEMPT CLAUSE REPEAL
NOW IN LEGISLATIVE COMMITTEES

Two of NYSNA's Program Bills for 1981 have been introduced in the Legislature, assigned bill numbers, and referred to appropriate Committees.

1985 Proposal - S. 3456 - This bill to clarify, standardize and elevate future entry into nursing has been introduced in the State Senate and assigned the bill number listed. Senators Joseph R. Pisani (R/C - New Rochelle) and Gary L. Ackerman (D/L - Flushing) are the bill's co-sponsors. S. 3456 is currently in the Senate Education Committee.

Exempt Clause Repeal - S. 1480; A. 1942 - This NYSNA Program Bill calls for repeal of that clause in the Nurse Practice Act which permits unlicensed personnel in the Department of Mental Hygiene to practice nursing. The bill numbers listed reflect the fact that this bill has been introduced in both the Senate and Assembly.

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STATE UNIVERSITY OF NEW YORK



Update Medical Center
750 E. Adams St.
Syracuse, New York 13210

Nurse Practitioner Program
(315) 473-4276

January 30, 1981

Senator Tarky Lombardi
State Office Building
Syracuse, NY 13202

Dear Tarky:

Enclosed is the original copy of the memorandum I sent via Cindy Beuter and the teletype yesterday addressing the "hoped for" approach to drafting legislation for nurse practitioners. I am deeply indebted to you for gathering all interested parties together for discussion. As I am sure Mark told you, the group, largely Jim McCormack, suggested that Dr. Bullough and I create a third proposal. So, you now have it.

I didn't have the opportunity to talk with you about your ideas for strategy, and I would appreciate knowing if you want to work with the other three legislators, or develop your own approach. Perhaps you could call and tell me what you think step #2 should be. I am most anxious to get the momentum behind the ball and push.

My sincere thanks for your interest and help.

Kindest personal regards,

Fay W. Whitney, RN, MS, ANP
Associate Professor and Director
Nurse Practitioner Program

FWW/lr

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MEMORANDUM

RE: Analysis of proposed legislation relating to the provision of primary health care by registered professional nurse practitioners.

TO: Senator Tarky Lombardi, Mr. Dagget, Mr. McCormack, Dr. Frietag, Dr. Schmidt and others in attendance, January 28, 1981

FROM: Fay W. Whitney and Dr. Bonnie Bullough

The analysis of the existing proposals and the drafting of the enclosed proposal is intended to represent the ideas and concerns of the authors seeking to legitimize the practice and title of nurse practitioners in New York State.

In general, it is the intent to: (1) recognize the title of nurse practitioner, (2) recognize the need for educational background to perform in the areas of present practice for nurse practitioners, (3) recognize the need for a method of identifying nurse practitioners to protect the public and (4) delineate the general areas of practice which require additional legislation in order to address present counsel concerns, (5) recognize existing legislation which presently describes the lawful practice of registered nurses.

The format of the proposal includes sections from both A-11733 and A-11056 in an effort to address the concerns currently known to exist surrounding this legislation.

EXPLANATION AND RATIONALE

Section to be amended: The placement of the provisions has been of prime concern to the nursing community. They were willing to allow this placement.

Title of Nurse Practitioner: The public is best served by appropriate designation of these nurses. The intent should be to include all advanced clinical nurse titles (i.e. Clinical Specialists, Nurse Midwives, Nurse Anesthetists), but should not be construed to mean basic nursing education. We have deleted the phrase "either before or after licensure" to emphasize this point. Those nurses who may receive concurrent advanced training with the licensure process (i.e. programs which provide the nursing components post baccalaureate) may qualify for this kind of practice through national certifying exams.

Addition of National Certifying Exams: Nurses now practicing as nurse practitioners have evolved from a variety of educational backgrounds. Since 1977, the State Education Department has registered programs which has standardized the educational process. Graduation from these approved programs (presently 13 in New York State) should be one method of recognizing the educational level obtained. Many states now accept reciprocal "approval of programs" to enable practitioners to move from state to state. This is reflected in the phrase "or in a program determined by the department as equivalent". The third method of qualifying recognizes the profession's effort to insure skills and education as they relate to competence by examination through peers. The

Page 2. Memorandum to Senator Lombardi

certifying bodies within the profession have created a process for testing competence which should be recognized, similar to state board examinations for registered nurses. Use of this method would allow functioning, competent nurse practitioners to practice without placing the public health in jeopardy.

Protocols (Written agreements): This language is unnecessary if the legislation can be thought to intend that collaborative practice is based on appropriate referral and delegated responsibilities by either professional to the other and is carried out in a systematic way. This provision is present in many other states. In the event that this provision must be included, the protocols should be promulgated by the agency, the nurse practitioner and the physician. The role of the Board of Nursing and the Board of Medicine in the development of the protocols should be to monitor the existence of rather than the production of protocols in practices not covered by article 28.

Scope of Function: The language in #A-11056 describing the need to have the scope of function regulated by the commissioner seems redundant. The scope of function is set forth in the body of the proposed legislation. (lines 3-7) Lines 9-16 in A-11056 were deleted after consideration because of the great difficulty encountered in other states in administering this kind of section. The commissioner would be well advised to not be involved in determining the specialties, but in allowing the profession to do so.

Examinations: National certifying exams are presently available and represent unifying and quality identification of competence. Requiring a state level examination seems redundant and was therefore eliminated.

Limits of Nurse Practitioner to Physician ratio: Although the intent of this language is understood to represent a means of insuring that neither the nurse practitioner nor the public be abused by inappropriate utilization of nurse practitioners in primary care, there is no real danger of this. The language, in fact, limits practice, not allowing for the development of creative practices which would provide quality care and appropriate manpower utilization in a variety of settings. Further, this language parallels the legislation which is presently applied to physician assistants. Whereas this may be appropriate when the physician license must cover the entire scope of the physician assistants' practice, it is not appropriate when considering the scope of practice of a nurse practitioner. The practice of a nurse practitioner is largely nursing, which does not require physician consultation. This amendment should cover the collaborative practice areas of practice. Any ratio should be determined by the professionals involved in the practice, and monitored by the Boards which represent each profession under present disciplinary procedures.

Certification: The provision for a method of designating nurse practitioners must be made. The section relating to qualifications was accepted, deleting the examination process.

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Page 3. Memorandum to Senator Lombardi

Monies appropriated for implementation: Monies derived from fees will be applied toward implementation. The amount of money needed to implement the process of certifying the nurse practitioner is not known, but it is felt that enough should be allocated so that the process of certifying is not a further impedence to the practice of nurse practitioners.

Comprehensiveness of the legislation: Experience in other states has shown that tightly structured legislation relating to the evolving, dynamic practice of professions has created a morass of legislative horror. Details of the implementation of the law are better done through careful development of the regulations relating to the law by the profession and the various departments within the state than within the body of the legislation. While we recognize the need for more detailed structure in implementation, the broader language of the proposed amendment which we have produced best insures appropriate, rather than restrictive legislation.

Summary: There is need for the proposed legislation. We strongly urge immediate attention to the needed changes. The language should be broad enough to allow for regulation following adoption of the law, but comprehensive enough to designate the identity and education of the nurse providing the services designated as primary care.

The need for careful preparation of the legislative proposal is well known. We would be willing to provide further consultation on any proposals that might be forthcoming, and indeed request that the nurse practitioners throughout the state be consulted as the proposals are explored and developed. We hope that this analysis has been helpful.

FWW/BB/Tr

PROPOSAL FOR AMENDMENT

The two proposals contain different legal language, and may need to be redrafted entirely. However, we have utilized the existing language with some modifications, to present the sense of the rationale which accompanies this proposal.

AN ACT to amend the education law, in relation to the provision of primary health care services by registered professional nurse practitioners.*

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

1. Section 1. Section sixty-nine hundred nine of the education law is
2. amended by adding a new subdivision four to read as follows:
- 3.4. Health services which may be performed by a registered professional nurse practitioner, in collaboration with a licensed physician, shall include diagno-
5. sis of illness and performance of therapeutic and corrective measures,
6. including (immunization against preventable diseases and issuance of
7. prescription drugs, other than controlled substances.) Such nurses
8. shall have completed
9. educational preparation for these health services in a nursing program
10. registered by the state department of education or in a program deter-
11. mined by the department to be equivalent, or have been certified as a nurse practitioner by an appropriate national certifying body in their specialty.
12. Nothing in this subdivision shall be deemed to limit the practice of nursing as a registered professional
13. nurse pursuant to this article nor to deny any registered profes-
14. sional nurse the right to do any act now authorized by such article.
15. 2. Certificates: 1. A registered professional nurse practitioner
16. applying for a certificate authorized by the provisions of this
17. article shall fulfill the following requirements:
18. a. Application: file an application with the department;
- b. License: be licensed as a registered professional nurse in
19. the state of New York;
20. c. Education: have evidence of educational background (as explained in line 9-11 above)
21. d. Fees: pay a fee to the department of fifteen dollars for each
22. such certificate.
23. This Act shall take effect immediately.

Prepared: January 28, 1981
By: Fay W. Whitney
Bonnie Bullough

*Underscored words represent changes and amalgamation of language

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MEETING WITH KATHERINE WELCH, EXECUTIVE DIRECTOR, NEW YORK STATE
NURSES' ASSOCIATION — JANUARY 28, 1981

This meeting was set up by Fay Whitney. It was attended by the three of us: Katherine Welch, Fay Whitney, and myself. Ms. Welch was most cordial but completely honest with us so that the cordiality is based on the fact that we all care about nursing, not that we are in agreement on any of the particulars as to what is best for nursing.

Meeting was held on her turf at Guilderland. Fay and I indicated that we and many of our nurse practitioner colleagues intend to work at full tilt to try to get some kind of law that would legitimate the role of nurse practitioners in the State of New York. Ms. Welch pleaded with us to not try to do this but to instead support last year's Governor's bill. As the conversation developed and we reread the Governor's bill and materials from the NYSNA it became clear to us why the Association has taken this stance and why this is not a fruitful stance for nurse practitioners.

The Governor's bill starts with the sentence: "Health services that may be performed by a registered professional nurse in collaboration with a licensed physician shall include diagnosis of illness and performance of therapeutic and corrective measures, including issuance of prescriptions for drugs... Such nurses shall either before or after licensure have satisfactorily completed educational preparation for these health services in a nursing program registered by the State Department of Education or in a program determined by the Department to be equivalent." The New York State Nurses' Association apparently interpreted this statute to mean that all graduates of baccalaureate programs would be able to diagnose illness, perform therapeutic and corrective measures and issue prescriptions. They came to this con-

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clusion apparently because of the term "registered professional nurse." They were not supporting the legislation last year in any belief that nurse practitioners would be able to do anything that anyone else could not do. It is their belief system that a nurse is a nurse is a nurse and no nurse should have a legal scope of function which differs from any other nurse. They apparently have not shared this perception with any legal authority because the folks who drafted the Governor's statute did not mean the term registered professional nurse as a way of separating A.D. and diploma nurses from baccalaureate nurses and they did not mean that all baccalaureate nurses would write prescriptions. It was their assumption that the regulations that would be drawn up would refer only to nurse practitioners.

I consider Katherine Welch's interpretation of the Governor's bill as coming directly from Fantasyland. The bill was not intended to be a baccalaureate nursing statute and it would not be interpreted that way in the courts. It was aimed at nurse practitioners. If it is that ambiguous, it certainly needs revising. It is because of this idiosyncratic interpretation that she wanted us to support the Governor's bill and felt very happy that we had supported it last year. She wanted us to support it in a mindless fashion. That is, she wanted us to tell the State Health Planning people that we loved it, that we felt that it was a wonderful bill, and that we wanted it exactly the way it was. She pointed out that we as nurses owed this to the Governor. We tried to explain to her that the Governor's people were not asking for our mindless devotion: They were asking for help with a rational revision. She nevertheless felt that we ought to give them mindless devotion. We left agreeing that we would do no such thing. Thus, we parted with a friendly spirit and in total disagreement. The Association is apparently completely against any legislation that would define nurse practitioners or anyone else (midwives, anesthetists) as different from any other nurse.

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MEETING WITH SENATOR LOMBARDI - JANUARY 28, 1981:

The meeting was set up by Fay Whitney from Syracuse. It was held in Senator Lombardi's office. Also present were three of Senator Lombardi's staff persons who were introduced as Mark, Cindy, and Linda. Mildred Schmidt from the State Education Department, J. Robert Daggett from the State Education Department, Robert J. Boelert from the New York State Health Planning Commission, Jim Cormack from the New York State Health Planning Commission, and Julia L. Freitag from the Health Department.

The meeting was focused on plans to try to get some kind of a workable law through the Legislative process in this session for the purpose of legitimating the role of the nurse practitioner in New York State. Robert Daggett from the State Education Department made the point that we would either succeed this year or we should think of it as a three year process because next year is an election year and it is not the kind of legislation that interest legislators when they are running for office.

Both the last year's State Education Bill and last year's Governor's Bill were discussed at length. Fay and I were also questioned about what we really need -- from our point of view as nurse practitioners and nurse practitioner educators. The State Ed people indicated that there were three characteristics that the law should have: it should legitimize diagnosis, treatment, and prescription; it should give a certificate and it should identify nurse practitioners as the people that it covers. The State Ed people had also indicated that they wanted the law to give the task of monitoring nurse practitioners to the Commissioner.

-2-

Representatives from the New York State Health Planning Council were much less fixed on any particular language or approach. They questioned me at length about what other states have done and were in agreement with me that there are a variety of possible approaches. (It is possible to legislate the details or to merely legislatively assign the task to the appropriate body and have the details drawn up in regulations.) They did not seem to have a heavy investment in their own bill. They wanted a bill that would be workable for nurse practitioners.

They gave no evidence of being in competition with the State Ed people. I did point blank ask the assembled parties if there was indeed some kind of bureaucratic fight between the various parts of the State government and we were somehow caught up in the fight. They all said no, and the "no" was said in a way that suggested no hidden agenda. This seemed especially true of the Health Planning Commission people.

Boelert and Cormack suggested that our next step would be for Fay Whitney and me to sit down and write a law. There was much discussion about this and concern that we would then have three laws on the table. They seemed to feel not. The draft could be used to bring together the State Ed proposal and the Governor's proposal. We were instructed to try to look at it from the point of view of what is workable as well as desirable. It sounded like the first step towards a compromise. We agreed to work on that document and did it that afternoon.

MEMO FROM
NEW YORK STATE SENATE

January 30, 1981

From Senator Tarky Lombardi, Jr.

To Dr. Freitag, Mr. Daygett, Dr. Schmidt and Dr. McCormack

Subject Nurse Practitioners

At our meeting on January 28th, Fay Whitney and Bonnie Bullough indicated that they would provide us with a proposal containing language the nurse practitioners felt was needed to accomplish their purpose. I have enclosed a copy of their draft proposal and a memorandum explaining their perspectives on this issue.

I would appreciate it if after carefully considering the enclosed you jot down your reaction and send it to my office. After we've heard from all of you we'll schedule another meeting to continue our discussions on this matter.

cc: Fay Whitney
cc: Bonnie Bullough ✓

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RE: MEETING IN SYRACUSE, JANUARY 24, 1981

The meeting was called by Ann Loedy as a meeting of the Task Force for Professional Advancement of Nurse Practitioners in New York State. Present were Charlotte McLaughlin, Alice Chico, Ann Skelly, Fay Whitney, Nancy MacIntyre, Angie Pellion, Bonnie Bullough, Ingrid Pearson, Francesca Harnock, Jackie Donohue, and Ann Loedy.

Our situation relative to a bill for nurse practitioners was discussed. It was pointed out that there are four key legislators who need to be contacted: Mark Siegel, Chairman of the Higher Education Committee, Jim Tallon, Chairman of the Health Committee, Senator Donovan, Chairman of the Higher Education Committee in the Senate; and Senator Tarky Lombardi, Chairman of the Health Committee in the Senate. Rachel Block is the aide to Mark Siegel. Kathy Lynch works for Jim Tallon, Mark Thomas for Tarky Lombardi, and Dave Boelert for Senator Donovan. These are the staff persons. The Health Planning Commission is also a crucial element in here. Jean Iax is a counsel to the Health Planning Commission and Bob Boelert is also a significant person.

It was decided that the group would rename itself the Coalition of Organized Nurse Practitioner Associations. We would try to contact other unrepresented areas, particularly those down near New York City to bring them in. Ann Loedy was appointed Acting President; Nancy MacIntyre, Acting Secretary; and Fay Whitney and Charlotte McLaughlin as Acting Treasurer. The two persons function as treasurer were chosen because they live both in Syracuse and could therefore both sign the checks.

Organizational dues were set at \$50 per organization; individual dues will be \$10. Assignments were made for people to get in touch with the four key legislators. Charlotte McLaughlin would approach Senator Donovan; Nancy MacIntyre would talk to Assemblymen Tallon; Ann Loedy would talk with Mark Alan Siegel; and Fay Whitney and Bonnie Bullough would talk to Tarky Lombardi.

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The next meeting time for the Coalition was not set. We will need to get in touch with each other by telephone to see what our progress is in meeting with these legislators and with involving the other local nurse practitioner associations.

NYSNA LEGISLATIVE BULLETIN

NEW YORK STATE NURSES ASSOCIATION, 2113 WESTERN AVENUE, GUILDERLAND, N.Y. 12084 • (518) 456-5371

Issue No. 2, May 1983

Primary Health Care Services

NYSNA OPPOSES A.7063/S.5828 AS WRITTEN

A bill providing for primary health services by registered professional nurses was introduced into the Legislature this session by Assemblymen Mark Alan Siegel, James Tallon, Arthur Eve and Senator Tarky Lombardi.

Over the past year NYSNA has worked on acceptable bill language with the Assemblymen Siegel and Tallon, the State Board for Nursing Committee on Nursing Practice, and representatives from the Coalition of Organized Nurse Practitioners. However, the bill as introduced still contains language which seriously restricts the practice of nurses who are not "nurse practitioners."

Immediately following the unveiling of the new bill, NYSNA proposed amendments which would protect the Nurse Practice Act from restrictive interpretation. On May 13, the State Board for Nursing voted to support the deletions requested by NYSNA. Three of the amendments were accepted by the bill sponsors, but other critical amendments were not. NYSNA's proposed amendments appear on page 6 along with the amendments actually made by the bill sponsors. The text of the bill without amendments appears on pages 2, 3, 4, while NYSNA's statement of opposition is on page 5.

The bill was reported out of the Assembly Higher Education Committee on May 10 with 18 voting for and 2 against. The two negative votes were from Assemblymen Hinchey and Flanagan. The bill was sent to the Ways and Means Committee.

The Association urges nurses throughout the state to work for defeat of the bill.

THIRD PARTY REIMBURSEMENT BILL FACES TOUGH SLEDDING

A.2940/S.2247 faced serious challenge in the Assembly Insurance Committee. The question was raised as to whether the bill was clear in its exclusion of hospital-employed nurses. Assemblyman Jerrold Nadler, prime sponsor of the bill, and Assemblyman James Tallon, member of the Insurance Committee, were able to reassure the Committee that the current Public Health Law and Health Codes, Rules and Regulations clearly preclude direct reimbursement to nurses who make up a hospital nursing service.

The bill was reported out of the Insurance Committee on May 3 with a vote of 15 ayes and 2 nays. Voting against the bill were Assemblymen Melvin Miller and Schimminger. Absent were Assemblymen Gorski, Zimmer and Friedman. The bill is now before the Assembly Ways and Means Committee. Active support of the bill by nurses throughout the state is critical. Nurses should contact members of the Assembly Ways and Means Committee (see February 1983 Legislative Bulletin for committee listings), Senate Majority Leader Warren Anderson, and your individual Senator and Assemblyman/woman.

CALL NYSNA LEG-LINE (518)456-5440
For Legislative Updates

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STATE OF NEW YORK

7063

1983-1984 Regular Sessions

IN ASSEMBLY

March 28, 1983

Introduced by M. of A. SIEGEL, TALLON, EVE -- Multi-Sponsored by -- M. of A. GRANNIS, HALPIN, HOYT, MURTAUGH, SERRANO, VANN, WERTZ, ZIMMER -- read once and referred to the Committee on Higher Education

AN ACT to amend the education law and the public health law, in relation to health services and making an appropriation therefor

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

1 Section 1. Section sixty-nine hundred nine of the education law is
2 amended by adding a new subdivision four to read as follows:
3 4. a. Health services which may be provided by a registered profes-
4 sional nurse shall include diagnosis of illness or other physical condi-
5 tions and performance of therapeutic and corrective measures. Such ser-
6 vices may be provided only by those registered professional nurses who
7 have complied with the following additional requirements:
8 (1) (A) The nurse has satisfactorily completed a program approved and
9 registered for this purpose by the state education department, or a pro-
10 gram determined by the department to be substantially equivalent.
11 (B) Nurses who have not completed an approved program or its equiva-
12 lent shall be eligible to provide the services if, prior to January
13 thirty-first, nineteen hundred eighty-five, they have been certified by
14 a national organization which has been approved for this purpose by the
15 department in accordance with commissioner's regulations.
16 (C) Documentation of program completion or national certification
17 shall be filed with the department.
18 (2) A nurse who provides the services described in this paragraph and
19 who meets the additional requirements of subparagraph one of this para-
20 graph shall arrange for one or more physicians to accept referrals from
21 the nurse, and be available or provide for consultation regarding the
22 diagnoses, therapeutic and corrective measures employed, and where ap-
23 propriate under the authority of paragraph (b) of this subdivision, the
24 prescriptions written by the nurse.

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

LBD10789-01-3

A. 7063

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1 b. Nurses who meet the requirements of paragraph a of this subdivision
2 and have completed study in pharmacology as part of an approved program
3 or other course work acceptable to the department may prescribe drugs,
4 devices and immunizing agents pursuant to regulations as provided in
5 subparagraph two of this paragraph.
6 (1) A prescription advisory committee shall be appointed by the board
7 of regents from among those persons recommended by the commissioner. The
8 committee shall be composed of nine members, including three registered
9 profession: nurses, at least two of whom meet the requirements of para-
10 graph a of this subdivision, three physicians, and three pharmacists.
11 (A) The committee shall review scientific literature and generally ac-
12 cepted standards for education and practice, including but not limited
13 to those standards recommended by national organizations approved pur-
14 suant to clause (B) of subparagraph one of paragraph a of this
15 subdivision.
16 (B) The committee shall review the pharmacological content of programs
17 approved by the department or determined to be equivalent pursuant to
18 subparagraph one of paragraph a of this subdivision.
19 (C) The committee shall develop model guidelines regarding categories
20 of drugs, devices and immunizing agents which may be prescribed by
21 nurses approved under this paragraph.
22 (D) The committee shall submit a report to the state board for nursing
23 including such model guidelines and any other recommendations the com-
24 mittee may deem appropriate with respect to future developments in edu-
25 cation and practice. The committee's report shall be submitted to the
26 board no later than March thirty-first, nineteen hundred eighty-four.
27 (2) On or before July thirty-first, nineteen hundred eighty-four and
28 at least once a year thereafter, the state board for nursing shall
29 recommend to the regents such regulations as may be necessary regarding
30 prescriptive and immunizing authority for nurses approved under this
31 subdivision. Such regulations shall include but not be limited to
32 guidelines regarding categories of drugs, devices and immunizing agents
33 and shall take into account the prescription advisory committee's recom-
34 mendations and any other information the board deems appropriate. The
35 regulations shall be adopted by the regents and the committee shall ex-
36 pire no later than December thirty-first, nineteen hundred eighty-four.
37 c. No one shall use the title "nurse practitioner" who has not met
38 the requirements of paragraph a of this subdivision.
39 d. Nothing in this subdivision shall be deemed to limit the practice
40 of nursing as defined in this article, as defined in chapter one hundred
41 ninety-eight of the laws of nineteen hundred seventy-eight, as
42 authorized by any federal statute or regulations or the practice of cer-
43 tified registered nurse anesthetists and certified nurse midwives pur-
44 suant to regulations approved by the commissioner of health.
45 e. On or before January first, nineteen hundred eighty-seven, the com-
46 missioners of education and health shall each report to the legislature.
47 Such report shall include a description and analysis of the implementa-
48 tion of this subdivision and recommendations for amendments.
49 § 2. Subdivision b of section sixty-eight hundred seven of such law,
50 as amended by chapter seven hundred fifty-two of the laws of nineteen
51 hundred seventy-three, is amended to read as follows:
52 b. Any physician, dentist [or], veterinarian or nurse who satisfies
53 the requirements of paragraph b of subdivision four of section sixty-
54 nine hundred nine of this chapter who is not the owner of a pharmacy, or
55 registered store, or who is not in the employ of such owner, from sup-

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A. 7063

3

1 plying [his] patients with such drugs as the physician, dentist [or],
2 veterinarian or nurse who satisfies the requirements of paragraph b of
3 subdivision four of section sixty-nine hundred nine of this chapter
4 deems proper in connection with his practice, provided, however, that
5 all such drugs shall be dispensed in a container labeled with the name
6 and address of the dispenser and patient, directions for use, and date
7 of delivery, and in addition, such drug shall bear a label containing
8 the proprietary or brand name of the drug and, if applicable, the strength
9 of the contents, unless the person issuing the prescription specifically
10 states on the prescription in his own handwriting, that the name
11 of the drug and the strength thereof should not appear on the label;
12 provided further that if such drugs are controlled substances, they
13 shall be dispensed pursuant to the requirements of article thirty-three
14 of the public health law;

15 § 3. Subdivision eight of section sixty-nine hundred five of such law,
16 as amended by chapter fifty-five of the laws of nineteen hundred eighty-
17 two, is amended to read as follows:

18 (8) Fees: pay a fee of sixty-five dollars to the department for ad-
19 mission to a department conducted examination and for an initial
20 license, a fee of twenty-five dollars for each reexamination, a fee of
21 forty dollars for an initial license for persons not requiring admission
22 to a department conducted examination, [and] a fee of twenty dollars for
23 the biennial registration period ending August thirty-first, nineteen
24 hundred eighty-three, [and] a fee of thirty dollars for each triennial
25 registration period commencing on and after September first, nineteen
26 hundred eighty-three, a fee of ten dollars for filing requirements pur-
27 suant to paragraph a of subdivision four of section sixty-nine hundred
28 nine of this chapter, and for the purposes of paragraph b of subdivision
29 four of section sixty-nine hundred nine of this chapter, fifty dollars.

30 § 4. Subdivision twenty-eight of section thirty-three hundred two of
31 the public health law, as amended by chapter one hundred sixty-three of
32 the laws of nineteen hundred seventy-three, is amended to read as
33 follows:

34 28. "Practitioner" means:

35 A physician, dentist, podiatrist, veterinarian, nurse who satisfies
36 the requirements of paragraph b of subdivision four of section sixty-
37 nine hundred nine of the education law, scientific investigator, or
38 other person licensed, or otherwise permitted to dispense, administer or
39 conduct research with respect to a controlled substance in the course of
40 a licensed professional practice or research licensed pursuant to this
41 article. Such person shall be deemed a "practitioner" only as to such
42 substances, or conduct relating to such substances, as is permitted by
43 his license, permit or otherwise permitted by law.

44 § 5. The sum of fifty thousand dollars (\$50,000), or so much thereof
45 as may be necessary, is hereby appropriated to the state education
46 department from moneys in the state treasury in the general fund to the
47 credit of the state purposes account not otherwise appropriated for the
48 purposes of carrying out the provisions of this act. Such moneys shall
49 be payable from the state treasury on the audit and warrant of the state
50 comptroller on vouchers certified and approved in the manner provided by
51 law.

52 § 6. This act shall take effect January first, nineteen hundred
53 eighty-four, provided however that the provisions of paragraph b of sub-
54 division four of section sixty-nine hundred nine of the education law,
55 as added by this act, shall take effect December thirty-first, nineteen
1 hundred eighty-four. All actions necessary to prepare for the implemen-
2 tation of this act shall be taken prior to such date so that the provi-
3 sions of this act may be operative on its effective date.

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THE NEW YORK STATE NURSES ASSOCIATION

MEMORANDUM OF OPPOSITION
to
BILL RE: PRIMARY HEALTH SERVICES
BY
REGISTERED PROFESSIONAL NURSES

A.7063 / S.5828

Sponsors: Assemblymen Siegel, Tallon, Eve
Senator Lombardi

The New York State Nurses Association vigorously opposes A.7063, S.5828. Despite its aim to increase access to nursing services, this measure would in fact severely limit the current and evolving practice of thousands of registered professional nurses whose services are vital to the public interest. The specification of services in this bill implicitly and explicitly restricts interpretation of the current legal definition of nursing and thus renders meaningless the disclaimer clause in Section 1.4.d.

Further, legal identification and restriction of the title "nurse practitioner" would intensify existing confusion regarding qualifications of nurses in various areas of practice. The title "practitioner" is generic to the members of *any* licensed profession. This bill would, in effect, create a new licensure framework built around a title and certain qualifications, thus subjecting the nursing profession to a kind and degree of governmental regulation far beyond that imposed on other licensed professions. The title "nurse practitioner" is but one of many valid functional titles - e.g., "community health nurse," "critical care nurse," "clinical nursing specialist." However, there is absolutely no evidence to suggest that public protection requires statutory identification of any of these titles. Such identification would merely fragment nursing, confuse the public, prompt proliferation of legislation to identify new titles and add to the already unnecessary costs of administration of the education law.

The sponsors cite as justification of this bill legislative action in other states to "permit some form of expanded nursing practice." It should be noted that legislation similar to this proposal has not automatically extended public access to nursing services. Further, a host of legal and regulatory challenges has been raised in response to virtually every legislative accommodation approved with the result that individual practitioners and state governments are now involved in costly litigation.

The New York State Nurses Association urges decisive rejection of A.7063, S.5828. The Association shares the sponsors' desire to increase access to health care services by clarifying registered professional nurses' lawful authority to provide primary health care services, and pledges its efforts to work closely with the legislature, the medical profession and regulatory bodies to appropriately resolve current practice ambiguities and impediments.

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NYSNA PROPOSED AMENDMENTS AND BILL SPONSORS' ACTION

Bill page 2, (Leg. Bull. page 3), lines 4 and 5 - delete
"or other physical conditions" rejected
line 6 - delete "only" accepted
line 7 - delete "additional" accepted
line 19 - delete "additional" accepted

Bill page 3, (Leg. Bull. page 4), lines 5, 6, 7 - revise to
provide that the advisory committee is comprised of a majority
of registered professional nurses rejected
lines 6, 7 - delete in entirety . . . rejected

An amendment requested by the State Education Department was also accepted by the bill
sponsors. That amendment contains a series of date changes which the Department felt
necessary to facilitate implementation of the bill.

Bill page 2, (Leg. Bull. page 3), line 26, Strike out "*March thirty-first*" and
insert *June thirtieth*
line 27, Strike out "*July*" and insert *December*
line 36, Strike out "*December thirty-first*" and
insert *June thirtieth*
line 36, Strike out "*eighty-four*" and insert
eighty-five

Bill page 3, (Leg. Bull. page 4), line 53, Strike out all after "*eighty-four*"
Strike out lines 54 and 55

Bill page 3(bottom), (Leg. Bull. page 4), line 1, Strike out all before the period

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Cathryne A. Welch, Ed.D., RN
Executive Director



Constituent of The American
Nurses Association

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

LEGISLATIVE ALERT

BILL RE: PRIMARY HEALTH SERVICES BY REGISTERED PROFESSIONAL NURSES

A.7063 S.5828

ACTIVE OPPOSITION MUST CONTINUE

Recent Proposed Amendments Inadequate

Assemblyman Jerrold Nadler recently requested Association consideration of a proposed amendment to Bill A.7063, S.5828 as presently written. The words "physical conditions" would remain in the bill and the amendment would add to the disclaimer clause the phrase "or to deny any registered professional nurse who does not meet the requirements of paragraph (a) of this subdivision the right to do any act, including the diagnosis of physical conditions." The Executive Committee of the Board had previously determined a similar proposal inadequate to resolution of the problems created by inclusion of "physical conditions" in the bill.

In light of Assemblyman Nadler's request the full Board researched the proposed amendment and deliberated at length about it. Despite its intense desire to resolve this unfortunate problem, the Board voted to oppose the proposed amendment. In the Board's judgment, it would increase the legal ambiguity surrounding certain elements of professional nursing practice and thereby jeopardize the practice of all nurses.

The Board respects and appreciates the efforts made by various legislators and others to develop consensus on Bill A.7063, S.5828. The Association continues to pursue every means of removing those impediments posed to nursing practice which led to development of Bill A.7063, S.5828.

Please contact your legislators plus Speaker of the Assembly Stanley Fink, Senate Majority Leader Warren Anderson, Assemblyman Jerrold Nadler and Governor Cuomo immediately opposing A.7063, S.5828.

THE SESSION MAY END AT ANY TIME

JPM/lm
6/17/83



CATHRYNE A. WELCH, EdD, RN
EXECUTIVE DIRECTOR

New York State Nurses Assoc.

2113 WESTERN AVENUE
GUILDERLAND, NEW YORK 12084
PHONE (518) 456-5371

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**LEGAL DEFINITION OF NURSING PRACTICE
EFFECTIVE MARCH 15, 1972**

The following amendments to Article 139 of the Education Law in relation to the practice of nursing, sponsored by the New York State Nurses Association, were enacted into law on March 15, 1972:

Section 6901:

Definitions. As used in Section 6902:

1. "Diagnosing" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis.
2. "Treating" means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen, and execution of any prescribed medical regimen.
3. "Human Responses" means those signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem.

Section 6902:

Definition of the practice of nursing:

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary any existing medical regimen.
2. The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed or otherwise legally authorized physician or dentist.

Section 6909:

2. Nothing in this article shall be construed to confer the authority to practice medicine or dentistry.

Cathryne A. Welch, Ed.D., RN
Executive Director



Constituent of The American
Nurses Association

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

LEGISLATIVE ALERT

II

BILL RE: PRIMARY HEALTH SERVICES BY REGISTERED PROFESSIONAL NURSES
A.7063 S.5828

OPPOSE AS WRITTEN

..Bill as written would inappropriately restrict the practice of all registered professional nurses. The bill states:

Health services which may be provided by a registered professional nurse shall include diagnosis of illness or other physical conditions and performance of therapeutic and corrective measures. Such services may be provided only by those registered professional nurses who have complied with the following additional requirements.

..Reference to titles in the bill, other than registered professional nurses, is inappropriate because there are several specialty nursing groups qualified to provide primary care.

SEE ATTACHED COPY OF ASSOCIATION'S LETTER TO
BILL SPONSORS RE NECESSARY AMENDMENTS



JPM:wmb
Attachment
5/5/83

#77
Nurse
Practitioner

Cathryne A. Welch, Ed.D., RN
Executive Director



Constituent of The American
Nurses Association

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

May 5, 1983

ASSOCIATION LETTER TO BILL #A.7063 / S.5828 SPONSORS

Representatives of the Coalition of Organized Nurse Practitioner Associations, the State Board for Nursing and this Association met yesterday to discuss Bill #A.7063, S.5828 (copy attached). Some consensus was reached regarding both acceptable provisions and desired amendments and we hope complete consensus will ultimately emerge.

The Association's Board of Directors has carefully reviewed the bill and the joint discussions and, given the probable timetable for legislative consideration of the bill, wishes to inform you immediately of its position. As reported to you in earlier communications and in our April 26, 1983 letter, the bill as written is unacceptable because: (a) it would severely restrict interpretation of the current legal definition of nursing and therefore the practice of all registered nurses; and (b) inclusion of a title other than registered professional nurse would create confusion and prompt proliferation of other inappropriate legal titles. In the Association's view these problems can be resolved by these amendments:

page 2, lines 4 and 5 - delete "or other physical conditions"

✓ page 2, line 6 - delete "only"

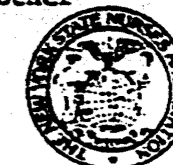
✓ page 2, line 7 - delete "additional"

✓ page 2, line 19 - delete "additional"

page 3, lines 5, 6, 7 - revise to provide that the advisory committee is comprised of a majority of registered professional nurses

page 4, lines 6, 7 - delete in entirety

In summary, the Association opposes A.7063, S.5828 as written but is prepared to support it if amended as described above. Naturally, if amendments other



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Nurse
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Page Two

than these are introduced the Association position might be subject to change, depending on the merits or implications of any such amendments.

Association representatives would welcome the opportunity to discuss this with you.

Sincerely yours,

Cathryne A. Welch
Executive Director

CAW:wmb
Attachment

1 Section 1. Section sixty-nine hundred nine of the education law is
2 amended by adding a new subdivision four to read as follows:

3 4. a. Health services which may be provided by a registered profes-
4 sional nurse shall include diagnosis of illness or other physical condi-
5 tions and performance of therapeutic and corrective measures. Such ser-
6 vices may be provided only by those registered professional nurses who
7 have complied with the following additional requirements:

8 (1) (A) The nurse has satisfactorily completed a program approved and
9 registered for this purpose by the state education department, or a pro-
10 gram determined by the department to be substantially equivalent.

11 (B) Nurses who have not completed an approved program or its equiva-
12 lent shall be eligible to provide the services if, prior to January
13 thirty-first, nineteen hundred eighty-five, they have been certified by
14 a national organization which has been approved for this purpose by the
15 department in accordance with commissioner's regulations.

16 (C) Documentation of program completion or national certification
17 shall be filed with the department.

18 (2) A nurse who provides the services described in this paragraph and
19 who meets the additional requirements of subparagraph one of this para-
20 graph shall arrange for one or more physicians to accept referrals from
21 the nurse, and be available or provide for consultation regarding the
22 diagnoses, therapeutic and corrective measures employed, and where ap-
23 propriate under the authority of paragraph (b) of this subdivision, the
24 prescriptions written by the nurse.

25 b. Nurses who meet the requirements of paragraph a of this subdivision
26 and have completed study in pharmacology as part of an approved program
27 or other course work acceptable to the department may prescribe drugs,

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1 devices and immunizing agents pursuant to regulations as provided in
2 subparagraph two of this paragraph.

3 (1) A prescription advisory committee shall be appointed by the board
4 of regents from among those persons recommended by the commissioner. The
5 committee shall be composed of nine members, including three registered
6 professional nurses, at least two of whom meet the requirements of para-
7 graph a of this subdivision, three physicians, and three pharmacists.

8 (A) The committee shall review scientific literature and generally ac-
9 cepted standards for education and practice, including but not limited
10 to those standards recommended by national organizations approved pur-
11 suant to clause (B) of subparagraph one of paragraph a of this
12 subdivision.

13 (B) The committee shall review the pharmacological content of programs
14 approved by the department or determined to be equivalent pursuant to
15 subparagraph one of paragraph a of this subdivision.

16 (C) The committee shall develop model guidelines regarding categories
17 of drugs, devices and immunizing agents which may be prescribed by
18 nurses approved under this paragraph.

19 (D) The committee shall submit a report to the state board for nursing
20 including such model guidelines and any other recommendations the com-
21 mittee may deem appropriate with respect to future developments in edu-
22 cation and practice. The committee's report shall be submitted to the
23 board no later than March thirty-first, nineteen hundred eighty-four.

24 (2) On or before July thirty-first, nineteen hundred eighty-four and
25 at least once a year thereafter, the state board for nursing shall
26 recommend to the regents such regulations as may be necessary regarding
27 prescriptive and immunizing authority for nurses approved under this
28 subdivision. Such regulations shall include but not be limited to

1 guidelines regarding categories of drugs, devices and immunizing agents
2 and shall take into account the prescription advisory committee's recom-
3 mendations and any other information the board deems appropriate. The
4 regulations shall be adopted by the regents and the committee shall ex-
5 pire no later than December thirty-first, nineteen hundred eighty-four.

6 c. No one shall use the title "nurse practitioner" who has not met
7 the requirements of paragraph a of this subdivision.

8 d. Nothing in this subdivision shall be deemed to limit the practice
9 of nursing as defined in this article, as defined in chapter one hundred
10 ninety-eight of the laws of nineteen hundred seventy-eight, as
11 authorized by any federal statute or regulations or the practice of cer-
12 tified registered nurse anesthetists and certified nurse midwives pur-
13 suant to regulations approved by the commissioner of health.

14 e. On or before January first, nineteen hundred eighty-seven, the com-
15 missioners of education and health shall each report to the legislature.
16 Such report shall include a description and analysis of the implementa-
17 tion of this subdivision and recommendations for amendments.

18 § 2. Subdivision b of section sixty-eight hundred seven of such law,
19 as amended by chapter seven hundred fifty-two of the laws of nineteen
20 hundred seventy-three, is amended to read as follows:

21 b. Any physician, dentist [or], veterinarian or nurse who satisfies
22 the requirements of paragraph b of subdivision four of section sixty-
23 nine hundred nine of this chapter who is not the owner of a pharmacy, or
24 registered store, or who is not in the employ of such owner, from sup-
25 plying [his] patients with such drugs as the physician, dentist [or],
26 veterinarian or nurse who satisfies the requirements of paragraph b of
27 subdivision four of section sixty-nine hundred nine of this chapter
28 deems proper in connection with his practice, provided, however, that

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1 all such drugs shall be dispensed in a container labeled with the name
2 and address of the dispenser and patient, directions for use, and date
3 of delivery, and in addition, such drug shall bear a label containing
4 the proprietary or brand name of the drug and, if applicable, the stren-
5 gth of the contents, unless the person issuing the prescription specifi-
6 cally states on the prescription in his own handwriting, that the name
7 of the drug and the strength thereof should not appear on the label;
8 provided further that if such drugs are controlled substances, they
9 shall be dispensed pursuant to the requirements of article thirty-three
10 of the public health law;

11 § 3. Subdivision eight of section sixty-nine hundred five of such law,
12 as amended by chapter fifty-five of the laws of nineteen hundred eighty-
13 two, is amended to read as follows:

14 (8) Fees: pay a fee of sixty-five dollars to the department for ad-
15 mission to a department conducted examination and for an initial
16 license, a fee of twenty-five dollars for each reexamination, a fee of
17 forty dollars for an initial license for persons not requiring admission
18 to a department conducted examination, [and] a fee of twenty dollars for
19 the biennial registration period ending August thirty-first, nineteen
20 hundred eighty-three, [and] a fee of thirty dollars for each triennial
21 registration period commencing on and after September first, nineteen
22 hundred eighty-three, a fee of ten dollars for filing requirements pur-
23 suant to paragraph a of subdivision four of section sixty-nine hundred
24 nine of this chapter, and for the purposes of paragraph b of subdivision
25 four of section sixty-nine hundred nine of this chapter, fifty dollars.

26 § 4. Subdivision twenty-eight of section thirty-three hundred two of
27 the public health law, as amended by chapter one hundred sixty-three of

1 the laws of nineteen hundred seventy-three, is amended to read as
2 follows:

3 28. "Practitioner" means:

4 A physician, dentist, podiatrist, veterinarian, nurse who satisfies
5 the requirements of paragraph b of subdivision four of section sixty-
6 nine hundred nine of the education law, scientific investigator, or
7 other person licensed, or otherwise permitted to dispense, administer or
8 conduct research with respect to a controlled substance in the course of
9 a licensed professional practice or research licensed pursuant to this
10 article. Such person shall be deemed a "practitioner" only as to such
11 substances, or conduct relating to such substances, as is permitted by
12 his license, permit or otherwise permitted by law.

13 § 5. The sum of fifty thousand dollars (\$50,000), or so much thereof
14 as may be necessary, is hereby appropriated to the state education
15 department from moneys in the state treasury in the general fund to the
16 credit of the state purposes account not otherwise appropriated for the
17 purposes of carrying out the provisions of this act. Such moneys shall
18 be payable from the state treasury on the audit and warrant of the state
19 comptroller on vouchers certified and approved in the manner provided by
20 law.

21 § 6. This act shall take effect January first, nineteen hundred
22 eighty-four, provided however that the provisions of paragraph b of sub-
23 division four of section sixty-nine hundred nine of the education law,
24 as added by this act, shall take effect December thirty-first, nineteen
25 hundred eighty-four. All actions necessary to prepare for the implemen-
26 tation of this act shall be taken prior to such date so that the provi-
27 sions of this act may be operative on its effective date.

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STATE UNIVERSITY OF NEW YORK AT BUFFALO
Faculty of Health Sciences
SCHOOL OF NURSING

N509 Health Care System

Fall 1983

Guidelines for Term Paper

Purpose: To provide the opportunity for the student to explore a topic of interest concerning the health care system.

- Requirements:
1. The paper must be typed, double-spaced, and should not exceed 10 pages.
 2. While the paper may consider a topic related to the student's oral presentation, a written summary of the oral presentation is not acceptable. If there are questions, check with the instructor.
 3. References must be included.
 4. Content will vary according to the topic, but in general should include:
 - a. an overview of topic
 - b. theoretical perspectives
 - c. research related to the topic
 - d. Student's view of the issue, problem, etc. and rationale
 - e. Conclusions, e.g. implications (theoretical and practical), possible trends, solutions, research needs, etc.

N.B. As with the oral presentations, be sure the assignment focuses on the system level.

- Grading:
1. The paper will comprise 60% of the final grade.
 2. Criteria:

Communication Skills	10%
Content	
Understanding of topic (scope and depth)	40%
Analysis of topic	15%
Conclusions	15%
Documentation	20%
inclusion of research findings	
references	
	100%
 3. Points: 90-100 = A
80-89 = B
70-79 = C
60-69 = D
Below 60 = F

Due Date: December 1, 1983.

BH:pbe

Dear Ms Hunter
The presentation went well & the material you gave me was wonderful. Thank-you!

Dottie Schwaybach

PS: I referred Kathy Mogensen, (Banasiak undergrad) a past student of yours to you. she would like to borrow this material & would like to speak to you more in depth. she will be giving a presentation on legal issues in nursing & malpractice. she will get in touch with you

Thanks again!
Dottie

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MEMORANDUM



MEDICAL SOCIETY OF THE STATE OF NEW YORK

PREPARED BY LEGISLATIVE COUNSEL, RICE & CONWAY, ALBANY (John C. Rice, Esq.; Gerard L. Conway, Esq.; (518) 434-8436)

MEMORANDUM IN OPPOSITION TO

- S. 5828 (Lombardi, et al)
- A. 7063 (Siegel, et al)

AN ACT to amend the education law and the public health law, in relation to health services and making an appropriation therefor

This bill would amend the Education Law and the Public Health Law to create a new category of health care provider - the independent nurse practitioner. The Medical Society of the State of New York regards this bill as completely unacceptable and most strongly urges that it be defeated.

The definition of the practice of nursing set forth in this bill would radically change the statutory principles which now govern the practice of nursing in New York State. "Nursing" as defined in this bill is indistinguishable from the present statutory definition of the practice of medicine. Any legislation which fails to differentiate between the appropriate scope of medical practice and nursing practice is obviously deficient and should not be enacted into law. Moreover, under this legislation nurses who have demonstrated only a minimal competence in the study of pharmacology by completing an undefined education program would be given the right to prescribe and dispense drugs.

The legislation treats the relationship between the physician and the nurse in only the vaguest way, providing only that the nurse must "arrange for one or more physicians to accept referrals from the nurse". It does not mandate any such referrals or even consultation with the licensed physician but leaves any such communication within the complete and unfettered discretion of the nurse practitioner. We have analyzed the present laws governing the practice of nursing in each and every one of our sister states. No such state has ever proposed, let alone enacted, a nurse practice law which even approaches the present proposal in terms of the scope of approved practice and the lack of a defined nurse-physician relationship.

FOR ADDITIONAL INFORMATION CONTACT JERRY S. HOFFMAN, ESQ., ASSISTANT DIRECTOR, DIVISION OF GOVERNMENTAL AFFAIRS, 90 South Swan Street, Albany (518) 465-8085; 420 Lakeville Rd., Lake Success, NY 11042 (516) 488-6100

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During the last two years, physicians representing the Medical Society of the State of New York have worked with the involved legislators and all organizations representing the nursing profession, as well as other interested groups, in a sincere effort to resolve any inadequacies in the present law governing the practice of nursing in New York State. We have made many constructive suggestions concerning changes in the present statute. The present legislative proposal ignores each and every such suggestion.

The Medical Society of the State of New York is prepared to resume a constructive dialogue to address this exceedingly complex question. The subject legislation is, however, completely unacceptable to the physicians of New York. We respectfully urge that it be defeated.

Respectfully submitted,

RICE & CONWAY

Legislative Counsel to the
MEDICAL SOCIETY OF THE STATE
OF NEW YORK

GLC:bas
5/10/83

**NEWS
RELEASE**

New York State Nurses Association
Public Relations Department
2113 Western Avenue
Guilderland, NY 12084

MAY 18, 1982

REMARKS OF ASSEMBLYMAN JERROLD NADLER

I would like to thank all of you for coming to hear our views on Assemblymen Siegel and Tallon's bill.

First of all, I would like to clarify one area of misconception. Contrary to reports, there is NOT wholehearted legislative accord on this bill.

Many legislators, Senator Pisani and I among them, oppose this bill.

I oppose it because it would create inappropriate and unnecessary restrictions on nursing practice. Nurses are individually-licensed professionals, as are physicians. Each has a recognized scope of practice. They are independent while at times overlapping.

But this proposed bill would restrict and interfere with the professional judgement of both nurses and physicians. The health care needs of consumers are too dynamic to be codified in written agreements, as required under this bill. In practice, this bill would subject all nurses and all of nursing practice to untenable, unworkable supervision. It would seriously restrict consumer access to health care services.

As an alternative, I support the Governor's Bill (number 7721). It is certainly less restrictive and recognizes the collaborative relationship of the nursing profession and medical profession; rather than characterizing one as supervisory of the other. The Governor's Bill is also consistent with existing law.

I have informed the Nurses Association and others that I will do all I can to ensure that restrictive nursing legislation will not be enacted this year, for I support nurses and nursing.

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Rec'd wk 1/3
L. V. D.
G. S. Wundak
K. L. H. C. Z. Y. K.
M. Paolletti

J. Hunter

STATE OF NEW YORK
DEPARTMENT OF HEALTH



OFFICE OF HEALTH SYSTEMS MANAGEMENT

BUFFALO AREA OFFICE

584 DELAWARE AVE.

BUFFALO, N.Y. 14202

DAVID AXELROD, M.D.
Commissioner

ROBERT M. CRANE
Director

December 30, 1982

orig to
for CA committee
Folded - 1983

Mr. Martin Bernstein
Assistant Administrator
Erie County Medical Center
462 Grider Street
Buffalo, New York 14215

Dear Mr. Bernstein:

Onsite Program policy determinations have been made regarding physician documentation which impacts on your facility.

Physician documentation for psychiatric patients is delineated in Hospital Memoranda 77-86 and 78-13. Certain classifications of health care paraprofessionals are listed in Hospital Memorandum 78-13 whose notes, when countersigned by the attending physician, meet the documentation requirements for psychiatric inpatients contained in Hospital Memorandum 77-86. Only those individuals listed in Hospital Memorandum 78-13 can meet the documentation requirements listed above. Ancillary staff notations such as those made by therapists, aides, etc., will not be acceptable as meeting the aforementioned documentation requirements.

In the past, you have requested clarification regarding documentation entered by nurse practitioners into inpatient medical records. Because the New York State Education Law does not currently recognize the term or role of nurse practitioners in any hospital setting, any entries made by a nurse practitioner, even if countersigned, will not be considered as meeting physician documentation requirements. It is current state policy to require daily physician documentation of inpatient services. Denials of Medicaid reimbursement will be issued for lack of appropriate physician documentation.

These policy clarifications are effective immediately. Please feel free to inform your staff of these requirements.

Should you or your staff have any further questions, please do not hesitate to call me at 847-4357.

Very truly yours,
Jeffrey T. Coleman
Jeffrey T. Coleman
Regional Medical Care Administrator

JTC/sp
cc: Dr. Ulrich Bauer, Onsite Physician
Mrs. Barbara Gentile, Buffalo Area Office
Onsite Nurses
Mr. Robert C. Braun, Buffalo Area Office

Report to Brown Bag Luncheon Attendees:

Two bills have been introduced to facilitate the practice of nurse practitioners. One from Arthur Eve, Buffalo Assemblyman, and one by Governor Carey's Office (which legislators are involved is not yet known). A third bill is being drafted by the State Education Department.

The three bills are attached. Arthur Eve has indicated he will amend his bill to take out the phrase "under the direction and guidance of" and will change the term "protocols" to "written agreements." However, no printed form of the bill with these changes is available yet.

The Governor's bill is said to be the same as last year's bill, while the State Education bill may have some important revisions. Most notable of these revisions is a switch from "protocols" to "written agreements."

A coalition of Organized Nurse Practitioner Associations has been formed to work on legislation. The coalition is backing all of the efforts to secure legislation, but working for amendments where they are needed. The New York State Nurses' Association is backing the Governor's bill and opposing other bills.

Our consultants in the various legislative offices tell us that what is needed now is a show of interest from nurse practitioners. Could each of you write one or more letters to members of the key committees (attached), or to your own local assemblyman or senator. Tell them that legislation for nurse practitioners is needed to clear up your practice. Explain the problem in terms of your own situation or views so this mass letter writing campaign will not seem like a mass letter writing campaign. Local legislators are listed below:

DISTRICT NO.	NAME	ADDRESS
138	Joseph Pillittera (Niagara Falls)	The Honorable
139	Mathew J. Murphy	Legislative Office Bldg.
140	Robin L. Schimminger	Albany, New York 12248
141	John B. Sheffer	
142	Carol Siwek	Dear Mr. _____
143	Arthur O. Eve	
144	William B. Hoyt	
145	Richard J. Keane	
146	Dennis T. Gorski	
147	Richard L. Kennedy	
148	Vincent J. Graber	
55	Anthony Masiello	The Honorable
56	Raymond Gallagher	Legislative Office Bldg.
58	Dale Volker	Albany, New York 12248
59	Walter J. Floss	Dear Senator _____
60	John Daly (Niagara Falls)	

BB:mjb
Attach.

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An Act to amend the Education Law and the Social Services Law in relation to expanded practice of nursing.

Purpose or General Idea of Bill: Increasing the services which a registered professional nurse may provide and establishing educational and licensing criteria through which those expanded services may be regulated.

- Summary of Specific Provisions:**
- 1) Amends Section 6902 of Education Law by adding a new subdivision three.
 - 2) Adds New Section sixty nine hundred ten (6910) to Education Law.
 - 3) Amends Paragraph (c) of subdivision two of Section three hundred sixty five-a of the Social Services Law, as amended by chapter seven hundred seventy-eight of the laws of nineteen hundred seventy-seven.

Effects of Present Law which This Bill would Alter: Present law limits nursing to a supportive role whereas this legislation would allow a licensed registered professional nurse to assume performance of therapeutic or corrective measures and to prescribe drugs other than controlled substances with the supervision of a physician.

Justification: The expanded practice of nursing provided for in this legislation would increase the amount of high level health care available to the citizens of New York State especially in light of physician shortages being experienced within the state.

Prior Legislative History: NONE.

Fiscal Implications for State and Local Governments:

Effective Date: IMMEDIATELY.

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1-34-27-584

M. of A. EVE LBDC(P) 12/30/80 GS:C:3

1 Section 1. Section sixty-nine hundred two of the education law is
2 amended by adding a new subdivision three to read as follows:

3 3. The practice of registered professional nursing by a nurse who has
4 received a certificate issued by the department authorizing expanded
5 practice in a special area of nursing practice may include the diagno-
6 sis of illness and the performance of therapeutic or corrective measures
7 within such special area of nursing practice, (under the direction and
8 guidance and) in collaboration with, a licensed physician, including the
9 issuance of prescriptions for drugs other than controlled substances,
10 provided such services are performed in accordance with written proto-
11 cols agreed upon in advance between the nurse performing the services
12 and a physician. Nothing in this subdivision shall be deemed to limit
13 the practice of the profession of nursing as a registered professional
14 nurse as defined in subdivision one of this section.

15 § 2. Such law is amended by adding a new section sixty-nine hundred
16 ten to read as follows:

17 § 6910. Certificates for the expanded practice of nursing. a. A regis-
18 tered professional nurse applying for a certificate authorized by the
19 provisions of section sixty-nine hundred two of this chapter shall ful-
20 fill the following requirements:

21 (1) Application: file an application with the department;

22 (2) License: be licensed as a registered professional nurse in the
23 state of New York;

24 (3) Education: have completed a program of study in a special field
25 of nursing which is registered by the department or the equivalent of a
26 registered program of study;

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1-34-27-584

1 (4) Examination: pass an examination satisfactory to the department
2 and in accordance with commissioner's regulations;

3 (5) Fees: pay a fee to the department of fifteen dollars for each
4 such certificate.

5 b. The education and examination requirements of a registered nurse
6 who has satisfactorily completed a formal one academic year educational
7 program that prepares registered nurses to perform an expanded role in
8 the delivery of primary care, includes at least four months in the ag-
9 gregate of classroom instruction and a component of supervised clinical
10 practice and awards a degree, diploma, or certificate to persons who
11 successfully complete the program. The education requirements of sub-
12 division a of this section shall be met by a registered nurse who has
13 successfully completed a formal educational program that does not meet
14 such requirements and has been performing an expanded role in the deliv-
15 ery of primary care for a total of twelve months during the eighteen
16 month period immediately preceding the effective date of this act.

17 c. The commissioner, with the approval of the board of regents, may
18 adopt regulations establishing special areas of nursing practice, iden-
19 tifying the general and specific services which may be provided by
20 nurses certified in such areas of practice and the requirements and
21 procedure for certification in such areas.

22 d. The commissioner, with the approval of the state commissioner of
23 health, may adopt regulations establishing the content of written proto-
24 cols required by the provisions of subdivision three of section sixty-
25 nine hundred two of this chapter, the records to be maintained and such
26 other matters as may be necessary to assure periodic review by the
27 licensed physician, the provision of advice and assistance which may in-

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1-34-27-584

1 clude the management of medical emergencies and such other matters as
2 may be necessary to meet the requirements of the written protocol.

3 § 3. Paragraph (c) of subdivision two of section three hundred sixty-
4 five-a of the social services law, as amended by chapter seven hundred
5 seventy-eight of the laws of nineteen hundred seventy-seven, is amended
6 to read as follows:

7 (c) out-patient hospital or clinic services in facilities operated
8 in compliance with applicable provisions of this chapter, the public
9 health law, the mental hygiene law and other laws, including any provi-
10 sions thereof requiring an operating certificate or license, or where
11 such facilities are not conveniently accessible, in any hospital located
12 without the state and care and services in a day treatment program oper-
13 ated by the department of mental hygiene or by a voluntary agency under
14 an agreement with such department in that part of a public institution
15 operated and approved pursuant to law as an intermediate care facility
16 for the mentally retarded and health clinics for clinic services includ-
17 ing expanded practice in a special area of nursing practice;

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

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1980. SED Proposal

STATE OF NEW YORK

11056

IN ASSEMBLY

March 25, 1980

Introduced by COMMITTEE ON RULES—read once and referred to the Committee on Higher Education

AN ACT to amend the education law, in relation to the expanded practice of nursing and making an appropriation therefor

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

Section 1. Section sixty-nine hundred two of the education law is amended by adding a new subdivision three to read as follows:

3. The practice of registered professional nursing by a nurse who has received a certificate issued by the department authorizing expanded practice in a special area of nursing practice may also include the diagnosis of illness and the performance of therapeutic or corrective measures within such special area of nursing practice, under the direction and supervision and in collaboration with a licensed physician, including the issuance of prescriptions for drugs other than controlled substances, provided such services are performed in accordance with written protocols agreed upon in advance between the nurse performing the services and a physician. No more than two registered nurses may enter into such an agreement with the same physician, except in health care facilities licensed pursuant to article twenty-eight of the public health law. Nothing in this subdivision shall be deemed to limit the practice of the profession of nursing as a registered professional nurse as defined in subdivision one of this section.

§ 2. Such law is amended by adding a new section sixty-nine hundred ten to read as follows:

§ 6910. Certificates for the expanded practice of nursing. 1. A registered professional nurse applying for a certificate authorized by the provisions of section sixty-nine hundred two of this article shall fulfill the following requirements:

- a. Application: file an application with the department;
- b. License: be licensed as a registered professional nurse in the state of New York;

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

LBD05110400

1980. Gov. Bill. HPC 2-80
Introduced. Mar. 1981. (again)

AN ACT to amend the education law, in relation to the expanded practice of nursing

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

Section 1. Section sixty-nine hundred nine of the education law is amended by adding a new subdivision four to read as follows:

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4. Health services which may be performed by a registered professional nurse, in collaboration with a licensed physician, shall include diagnosis of illness and performance of therapeutic and corrective measures, including issuance of prescriptions for drugs, other than controlled substances, and immunization against preventable diseases. Such nurses shall, either before or after licensure, have satisfactorily completed educational preparation for these health services in a nursing program registered by the state department of education or in a program determined by the department to be equivalent. Nothing in this act shall be deemed to limit the practice of nursing as a registered professional nurse pursuant to this article one hundred thirty-nine of the education law or to deny any registered professional nurse the right to do any act now authorized by such article.

§ 2. This act shall take effect immediately.

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A. Bullough

Addresses for members indicated: Legislative Office Building
Albany, New York 12248

Assembly Health Committee

James Tallon, Chairman
Robin Schimminger
Edward Griffith
Elizabeth Connelly
Mark A. Siegel
Albert Vann
Alexander Grannis
Ralph Goldstein
Florence Sullivan
Victor Robles

Jerrold Nadler
Edward Sullivan
Jose Serrano
Robert D'Andrea
Richard Kennedy
May Newburger
Robert Wertz
Louis Howard
George Winner
Daniels

Assembly Higher Education Committee

Mark Siegel, Chairman
Jose Serrano
Elizabeth Sullivan
Maurice Hinchey
Louis Howard
Harry Smoler
John Flanagan
Gerdi Lipschutz
Andrew Jenkins

Herman Farrell
George Miller
Murray Weinstein
Hugh MacNeil
John Sheffer
Green
Murtaugh
Ruggiero
O'Neil

Senate Health Committee

Tarky Lombardi, Chairman
James Lack
John Flynn
Charles Cook
Walter Floss
Frank Padavan

Gary Ackerman
Howard Babbush
Major Owens
Jeremy Weinstein
Kehoe
Bernstein

Senate Education Committee

James Donovan, Chairman
Tarky Lombardi
Joseph Pisani
Jay Rolison
Howard Babbush
Major Owens
Norman Levy

Roy Goodman
Jess Present
Kenneth LaVale
Fred Eckert
Raymond Gallagher
Carol Berman
Martin Solomen
John Perry

1971 - law revised -

1972 - Nurse practice act - compromise (nursing diagnosis)

Council for Regents - Stone - asked to give opinion - 12 practice act
did not cover practitioners to diagnose / write prescriptions

SUNY system - looked @ ruling - would not add him - for nurse
practitioner

Prob. affects all master clinicians - must think about nurse
midwives / anesthetists

seeking legal structure for advanced practice

2 Bills - ① Assemblyman Eves - introd. school health bill which will
self distrust in 1982

② Gov. bills - prob 1980 introd. - Gov did not pursue passage

③ State Ed - will be changed - protocol becomes written agreement

NYANA - supporting Gov. Bill 5 amendments

most very powerful & Coalition of Nurse Pract. grp - supports all good efforts

Senator Lombardi - convened state Ed & Gov. grps - asked to
iron out difficulties

Whitney-Bullough - asked to review & analyze - they proposed
another bill

1985 legislation introd. by Pisan

20 states certify

effect of Gov. Bill on 1985 - some believe a back door approach
to getting '85 passed

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FACULTY OF HEALTH SCIENCES
School of Nursing



MEMO FROM

BONNIE BULLOUGH

To the Nurse Practitioner Project Directors
Burns, Brownie, Cerato and McKaig plus Elder
and Gunn

Attached is the Notice of Intention to File
a Claim against the State of New York for
injuries allegedly caused by a nurse who
was functioning outside her legal scope of
practice. The case has raised some serious
questions not the least of which are whether
the SUNY system should continue to hire nurse
practitioners in its student health service
and allow its nursing schools to prepare
nurse practitioners or other persons whose
scope of function is at all expanded. I think
the present state of affairs has grave
implications for your programs and grant
funds. Perhaps we could get together and
plan some strategy.

Attached also is a copy of the new SED proposal.
Are any of you testifying this Friday?

University Counsel
Vice Chancellor for Legal Affairs
(518) 473-7591

MEMORANDUM

July 29, 1981

To: ✓ Dr. Haffner
Dr. Bristow

From: Gerianne J. Dias

Subject: Student Health Services/Use of
Nurse Practitioner

Attached for your information are copies of a recently-
filed Notice of Intention to File a Claim and the campus
response relating to treatment of a student by a Registered
Nurse (apprentice nurse practitioner) at the Student Health
Services Center at Plattsburgh.

This matter should be discussed in the context of any
future discussions of the scope of treatment by registered
nurses and nurse practitioners.

Attachment
GJD:set

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Nurse
Practitioner

STATE OF NEW YORK COURT OF CLAIMS

RECEIVED

JUN 12 1981

BONITTA STEUER,

Claimant,

NYS DEPARTMENT OF LAW
CLAIMS BUREAU

-against-

NOTICE OF
INTENTION TO
FILE CLAIM

THE STATE OF NEW YORK,

Defendant.

To the Clerk of the Court of Claims:

To the Attorney-General of the State of New York:

Please take notice that the undersigned, BONITTA STEUER, intends to file a claim against the State of New York, pursuant to Sections 10 and 11 of the Court of Claims Act.

The Post-office address of the claimant herein is R.D. #6, Loughberry Road, Saratoga Springs, New York, 12866, County of Saratoga.

The attorney for the claimant herein is John A. Simone, Jr. Esq., and his post-office address is 384 Broadway, Saratoga Springs, New York, 12866, County of Saratoga.

The time when and the place where such claim arose and the nature of the same are as follows: that during the latter part of March, 1981, and the early part of April, 1981, the claimant was a student at the State University of New York at Plattsburgh, New York, enrolled as a nursing student. She is having pain in her left ear and went to the school infirmary on three separate occasions during the period of the latter part of March, 1981, and the early part of April, 1981. On those three separate occasions the

claimant was examined by a nurse in attendance who determined she had fluid in her ear. On each visit the nurse changed and prescribed certain medications and antibiotics. The claimant was never examined by a licensed physician. Medication and antibiotics were improperly prescribed by a non-licensed person and proper attention and care was not given to the claimant's ear problem. When the student returned to her home for Easter vacation, she could not stand the pain any longer and went to see Dr. Mohinder Goomar of Saratoga Springs, New York, who immediately rushed her to Saratoga Hospital and performed surgery on her left ear. She was confined to the hospital for several days. Claimant now has a drainage tube implanted in her ear which will remain there for many months. The full extent of her injuries and the exact amounts of all of her medical expenses are not known at this time. Claimant will claim that the defendant, through its agents, servants and employees, was negligent in the performance of its duty to render proper, regular and lawful medical services and care to the claimant.

Bonitta Steuer
BONITTA STEUER
Claimant

John A. Simone, Jr.
JOHN A. SIMONE, JR.
Attorney for Claimant
Office and P. O. Address
384 Broadway
Saratoga Springs, New York 12866
(518) 584-5080

#77
Nurse
Practitioner

STATE OF NEW YORK
COUNTY OF SARATOGA
CITY OF SARATOGA SPRINGS

ss.

BONITTA STEUER, being duly sworn, says: I am the claimant above named; I have read the foregoing Notice of Intention to file a claim against the State of New York and know its contents; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

Bonitta Steuer
BONITTA STEUER

Sworn to before me, this
11th day of June, 1981.

Nancy S. Bruno
Notary Public

NANCY S. BRUNO
Notary Public, State of New York
Qualified in Saratoga County
My Commission Expires March 30, 1982

(PRINT NAME BELOW SIGNATURE)

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

ASSISTANT COMMISSIONER
FOR THE PROFESSIONS
318-474-3862

July 10, 1981

To Interested Persons:

Subject: Legislative Proposal Relating to the Expanded Practice of Nursing

The Board of Regents at its June 1981 meeting reviewed the attached bill to amend the Education Law in relation to the expanded practice of nursing. The Regents approved the proposal as a basis for submission to the field for review and comment.

The Regents invite your comments and any information relating to the proposal. Please submit these to this office at your convenience during the next few weeks. Thereafter, at the Regents Legislative Conference, September 11, the Regents will welcome oral testimony and any further comment you may care to provide. Notification concerning time and location of the Regents Legislative Conference will be provided in August.

Frank C. Abbott
Frank C. Abbott

FCA:sg
Attachment

#77
Nurse
Practitioner

MEMORANDUM IN SUPPORT OF "AN ACT TO AMEND THE EDUCATION LAW, IN RELATION TO THE EXPANDED PRACTICE OF NURSING, AND MAKING AN APPROPRIATION THEREFOR"

Purpose of the bill:

To permit registered professional nurses with additional professional education to engage in expanded areas of practice and to perform a wider range of health services.

Summary of the provisions of the bill:

This bill would amend Education Law sections 6902 and 6527 and add a new section 6910 to authorize registered professional nurses with additional education or training satisfactory to the State Education Department to perform health services in one or more specific areas of expanded practice in collaboration with a physician. The health services in such area or areas of expanded practice could include such primary health care services as the diagnosis of illness, the performance of therapeutic or corrective measures, the issuance of prescriptions for drugs other than controlled substances, and immunization against preventable diseases. Examples of areas of expanded nursing practice include: maternal and child health nursing, medical-surgical nursing, psychiatric and mental health nursing, community health nursing, and gerontological nursing.

Registered professional nurses could qualify for written authorization to engage in an area of expanded practice, issued by the Department, either by the completion of a post-graduate educational program registered by the department, or by the submission of evidence of the completion of an equivalent program. Candidates who complete an equivalent program may be required to pass an examination satisfactory to the Department.

Expanded practice could be performed only in collaboration with a physician. Except in general hospitals, as defined by Public Health Law section 2801, subdivision 11, expanded practice could be performed only in accordance with a written agreement between the collaborating physician and the nurse which defines the nature of the collaboration and which will be available to patients upon request. Except in health care facilities licensed pursuant to Article 28 of the Public Health Law, not more than two nurses would be permitted to engage in expanded practice in collaboration with the same physician. The exceptions for general hospitals and other Article 28 facilities reflect the general regulation of practice in those facilities pursuant to the Public Health Law and the State Hospital Code, and the fact that special provisions to further regulate expanded practice of nursing in licensed institutions may be adopted, if necessary.

Statement in support of the bill:

There is a widespread and growing recognition that registered nurses with additional training are capable of serving the public by the performance of a wide range of primary health care services which presently may be rendered only by physicians. There are increasing numbers of registered professional nurses in this State who have the qualifications to perform additional primary health care services,

but who are not permitted to fully utilize their skills under existing statutes. Expanded practice by such nurses would free physicians from the performance of routine health services, and leave them more time to care for more serious health problems. Enactment of this bill would also help alleviate a shortage of nurses and of primary health care service in some areas of the State, and would encourage young people to enter into the nursing profession. The Federal Rural Health Clinic Services Act of 1977 authorizes reimbursement for expanded nursing services in rural health clinics, but the absence of enabling legislation for expanded practice prevents implementation of those provisions in New York State.

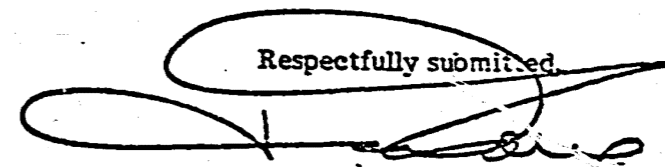
This bill would increase the availability of primary health care services for the citizens of this State, while providing for the protection of the public by requiring that nurses who engage in expanded practice shall have established their qualification for expanded practice by completing a registered program in advanced practice or by passing an examination. The bill would protect against abuses and provide flexibility in permitting further adaptations to changes in medical and nursing practices and techniques by authorizing the Commissioner to define by regulations the areas and scope of expanded practice.

This bill would not limit the existing authority and scope of practice of registered professional nurses, or of nurse-midwives or other health professionals licensed or authorized to practice under the provisions of the Education Law or the Public Health Law.

Budgetary implications of the bill:

An appropriation of \$65,000 is included for the initial cost of the authorization of registered nurses in areas of expanded practice. The State cost is estimated at \$45,000 in the second year, \$37,000 in the third year, \$29,000 in the fourth year, and \$20,000 in the fifth year.

Respectfully submitted,



Robert D. Stone
Counsel and Deputy Commissioner
for Legal Affairs
State Education Department

April 3, 1981

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Practitioner

AN ACT

to amend the education law, in relation to the expanded practice of nursing and making an appropriation therefor

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

Section 1. Section sixty-nine hundred two of the education law is amended by adding a new subdivision three to read as follows:

3. The scope of practice of a registered professional nurse may be expanded by a written authorization issued by the department in one or more special areas of expanded nursing practice. Registered professional nurses authorized to engage in expanded practice may diagnose illnesses, perform therapeutic or corrective measures, issue prescriptions for drugs other than controlled substances, and immunize patients against preventable diseases. The expanded practice shall be conducted only in collaboration with a licensed physician, and except in general hospitals as defined in subdivision eleven of section twenty-eight hundred one of the public health law, only in accordance with written agreements between the nurse performing the services and the physician. The written agreement shall define the nature of the collaboration, and shall be available upon request to patients. Except in health facilities licensed pursuant to article twenty-eight of the public health law no more than two registered nurses may enter into such an agreement with the same physician. Nothing in this subdivision shall be deemed to limit the practice of the profession of nursing as a registered professional nurse as defined in subdivision one of this section or the practice of nurse-midwifery pursuant to provisions of the sanitary code adopted pursuant to subdivision five of section two hundred twenty-five of the public health law.

52. Such law is amended by adding a new section sixty-nine hundred ten to read as follows:

§6910. Approval of the expanded practice of nursing. 1. A registered professional nurse applying for authority to engage in one or more areas of expanded

practice shall fulfill the following requirements:

a. Application: file an application with the department;

b. License: be licensed as a registered professional nurse in the state of New York;

c. Education and examination: (1) Have completed a program of study registered by the department, or which, in the opinion of the department, is the substantial equivalent of a registered program, in an area of expanded nursing practice taken after licensure as a registered professional nurse. The department may accept or require an examination as proof of qualification of a graduate of a non-registered program.

d. Fees. pay a fee to the department of fifteen dollars for each such authorization.

2. The commissioner, with the approval of the board of regents, may adopt regulations establishing special areas of expanded practice, identifying the general and specific services which may be provided by registered professional nurses in such areas of practice, the procedure for approval of expanded practice, the form and content of the written agreements required by the provisions of subdivision three of section sixty-nine hundred two of this article, and the records required to be maintained by the registered nurse and the collaborating physician.

53. Section sixty-five hundred twenty-seven of such law is amended by adding a new subdivision six to read as follows:

6. A physician collaborating with a registered professional nurse authorized to engage in the expanded practice of nursing as provided in sections sixty-nine hundred two and sixty-nine hundred ten of this article shall not collaborate with more than two such nurses, except that this limitation shall not apply to health care facilities licensed pursuant to article twenty-eight of the public health law.

54. The sum of sixty-five thousand dollars (\$65,000), or so much thereof as may be necessary, is hereby appropriated to the state education department out of any moneys in the state treasury in the general fund to the credit of the state purposes fund not otherwise appropriated, for its expenses, including personal service, maintenance and operation, in carrying out the provisions of this act.

55. This act shall take effect on the first day of January in the year next succeeding the date on which it shall have become a law.

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BEN 9-16-81

State Bills Supported By Nurses

The law governing nurse practitioners should be broadened to cover services they already perform, state legislators were told Tuesday.

"We need legislation that keeps up with our educational preparation," said Joan Kostusiak, president of the Nurse Practitioners Association of Western New York. She spoke at a meeting of the association attended by State Sen. Anthony M. Mastello and Assemblyman John B. Sheffer of the 141st District and representatives of other legislators, in the Eggertsville home of Dr. Bonnie Bullough, dean of the State University of Buffalo School of Nursing.

The lawmakers are being urged to legitimize some duties now carried out by nurse practitioners that are not sanctioned by the Nurse Practitioner Act passed in the mid-1960s.

Nurse practitioners, who hold master's degrees, routinely record patient histories, conduct physical exams and diagnose and treat problems like ear infections in small children — all without legal protection — Ms. Kostusiak said.

Any new law hopefully also would cover nurse midwives and nurse anesthetists, she said.

Four bills that would legally broaden the nurse practitioner role are before the Legislature.

Doctor-Nurse Split Is Diagnosed

BEN 1-22-82

By JERRY ALLAN

News Albany Bureau

ALBANY — Evidence of the wide differences among nurses, physicians and health care specialists as to how nurses can attain more professional status and recognition quickly surfaced at a hearing here Thursday.

Assemblyman Mark Alan Siegel, D-Manhattan, chairman of the Assembly Higher Education Committee, opened the all-day discussion of New York State nursing practice with the comment, "let the combatants go at each other."

And a Siegel aide noted that "nurses have struck several hospitals in the Northeast in the last year, and retention of qualified nurses is getting more and more difficult. Low salaries aren't the only consideration. Nurses, by and large, want recognition for what

they do in helping doctors."

One approach, initiated by Mr. Siegel and Assemblyman James R. Tallon Jr., chairman of the Health Committee, is to rewrite completely a 1909 law covering nursing practice. Their committees held several public hearings last year and the Thursday "collegium" sought comment from professionals.

In general, nurses want written into law activities such as minor diagnosis and prescription of drugs that, as one put it, "most of us are doing already because there are not enough doctors to go around."

Physicians, on the other hand, seemed apprehensive that a detailed law would inevitably give birth to a maze of State Health Department regulations that would ultimately lead to higher health care costs and less patient care.

"We must always be in a supervisory capacity," one doctor said.

A law requiring a ratio of doctors to nurses would be unworkable, said Linda King of Albany, who represents an organization of nurse-anesthetists.

"In many hospitals in rural areas, there are not enough anesthesiologists to have one physically present in operating rooms, and nurses do the work without supervision," she said.

Assemblyman Siegel said one goal is to give legal status to nurse-practitioners, persons who function much like physician-assistants but who are certified now only by private organizations.

There are 194,000 nurses licensed by New York State but only an estimated 3,000 are qualified as nurse practitioners.

A key disagreement — which remained unresolved — was a contention by doctors that a physician should be present in "a looking-over-the-shoulder capacity" on all occasions when a nurse-practitioner, in effect, practiced medicine.

The nurses said direct supervision was unnecessary.

Mr. Siegel explained that "what we want to do is to define the nurse-physician relationship, if that is possible or necessary, in a statute.

"As it is now, for example, a nurse cannot prescribe a drug but it is a custom in some hospitals for a doctor to sign blank prescription forms before he leaves, and the nurse fills in the name of the drug. In other words, the nurse decides the medication."

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THE NEW YORK STATE NURSES ASSOCIATION

ANALYSIS

of

STAFF WORKING PAPER, NEW YORK STATE ASSEMBLY
HIGHER EDUCATION COMMITTEE

and

RELEVANT POSITIONS

March 1982

INTRODUCTION

The Association commends the comprehensiveness and order of the Staff Working Paper. The clear presentation of issues, questions and proposals regarding legal authority of registered professional nurses' provision of primary health care services is a highly useful vehicle for rational analysis and planning. In an effort to facilitate consensus and expedient action the Association herein sets forth its views regarding certain issues, assumptions and options identified in the paper.

SECTION I. GENERAL REGULATORY ISSUES

The Association concurs that "The purpose of professional regulation is protection of the public's health, welfare and safety" and that "access to health care services (is essential) to the public's well being."¹ In addition, the Association heartily endorses these views embodied in the Working Paper: (1) neither regulation nor statute should restrict the exercise of professional judgment; (2) an individual's practice is kept within bounds by that individual's professional responsibility; (3) if the individual's judgment fails, the statutory and regulatory disciplinary provisions provide appropriate penalty.

In addition to these tenets, the Association believes these facts are of critical import in evaluating any proposed regulation or statute relative to nursing:

- 1) Primary health care services have always been an essential component of nursing practice;^{2,3,4}
- 2) Appropriate educational preparation for and safe execution of these services have been initiated and maintained via voluntary self-regulation by individual nurses and the nursing profession, not via externally imposed statutory or regulatory restraint;
- 3) Need for and desirability of increased and more systematic involvement of registered professional nurses in primary health care was identified by the federal government over a decade ago;⁵
- 4) The estimated three thousand "nurse practitioners" and the countless other registered professional nurses providing primary health care services to the people of this state pose no threat to public safety; questions about their practice focus primarily on conflicting interpretations of existing law, not on the competence of these nurses or the need for their services;^{6,7,8,9}
- 5) The major barrier against access to services of nursing practitioners is restrictive reimbursement patterns which require physician and/or institutional authorization of nursing services as a requirement for reimbursement.^{10,11,12}

Finally, with respect to appropriate models, the Association strongly urges that the nursing profession and its practitioners be afforded statutory/regulatory frameworks equally affirmative as those governing the professions and

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practitioners of medicine, dentistry and pharmacy. Clearly, the record is bereft of evidence to support imposition of discriminatory external restraint upon nursing practitioners.

SECTION II. SCOPE OF PRACTICE

(1) Diagnosis

The Association considers these Working Paper concepts essential:

- 1) all of the health professions engage in diagnosis;
- 2) nurse practitioners can accurately diagnose within the bounds of their expertise.

Without question, major health provisions share certain common bodies of knowledge and areas of functional expertise. The New York State Legislature acknowledged and endorsed overlapping competence and practice privileges by enacting in the 1971 recodification of the Education Law, Section 6505, which states:

No definition of the practice of a profession shall be construed to restrict or restrain the performance¹³ of similar acts authorized in the definition of other professions.

Frankly, avoidance of use of the term diagnosis or ambiguous description, qualification or restriction of the term in Nurse Practice Acts, including New York State's, are the result of political considerations. For obvious (albeit invalid) reasons, the organized medical profession has reflexively opposed acknowledgement and authorization of nursing practitioners' legitimate diagnostic and therapeutic functions. 1971 Medical Society and Hospital Association opposition to inclusion of "diagnosis" and "treatment" in the Nurse Practice Act led to inclusion of certain phrases now construed by some as prohibiting primary health care services - e.g., "A nursing diagnosis is distinct from a medical diagnosis."

As Senator Joseph R. Pisani has emphasized, it is important to note that this "disclaimer" merely emphasizes that nurses do not practice medicine; it does not restrict the diagnostic privilege authorized in current law.¹⁴ Nurses always have and will continue to make diagnostic judgments regarding deviations from normalcy. One of the most critical of these is determination that the deviation is such that referral to a physician for differential diagnosis of pathology is indicated.

Nursing practitioners' diagnostic functions are emphasized in current law:

- 1) Section 6901. Diagnosing means ... identification of and discrimination between physical and psychosocial signs and symptoms;¹⁵
- 2) Section 6901. Human responses means those signs, symptoms and processes which denote the individual's interaction with actual or potential health problems.¹⁶

The Association believes the law should specify the diagnostic function and should not include references such as "initial," "preliminary," etc.

(2) Treatment

(i) Initiation

Current law authorizes nurses to treat physical and psychosocial signs and symptoms. Section 6901 states, "Treating means selection and performance of ... therapeutic measures"¹⁷ This is an area of obvious potential overlap with medical practice. As is true of the word diagnosis, acknowledgement of nurses' legitimate authority for and competence in "treatment" is clouded by political considerations. Such political considerations do not now justify restriction of privileges previously accorded all registered professional nurses.

In the Association's view the law should specify registered professional nurses' authority to select and perform therapeutic and corrective measures.

(ii) Prescription Privileges

It is commonly accepted that pharmacology is a complex, rapidly changing body of knowledge. Indeed, some years ago Harvard Medical School drastically reduced pharmacology content in its curriculum because new knowledge developed so quickly obsolescence seemed inevitable. Advice and consultation of pharmacists are routinely and voluntarily sought by physicians and nurses.

The Association believes the Working Paper assumption that "An individual's practice is kept within the ... scope of training and specialization by the individual's professional responsibility" is highly relevant. It is abundantly clear that nursing practitioners, nurse-midwives, nurse-anesthetists, clinical nursing specialists have safely used prescription privileges - absent the unnecessarily restrictive frameworks of written agreements, protocols and formularies.¹⁸ Hence, the Association believes the law should simply specify registered professional nurses' rights to prescribe drugs.

(iii) Immunization

Well established national and international protocols govern all immunization procedures.^{19,20,21} Methods of pre-testing and treatment of untoward reactions are well outlined. Immunization is well within the clinical capabilities of nursing practitioners and has been safely executed by nurses in diverse settings for years. In the Association's view, it is an area of function authorized by current law.

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SECTION III. NURSE PRACTITIONER/PHYSICIAN RELATIONSHIP

The Association believes these working document statements are critically important:

- 1) "The fundamental issue is why nurse practitioners need to have a statutory relationship with a physician in order to practice safely."
- 2) "... the State must be mindful of the danger of unduly restricting access to various services and practitioners."

Further, the Association urges careful attention to the fact that nursing and medical practitioners do routinely voluntarily communicate and collaborate with each other in planning, providing and evaluating health care services. Ample evidence of the high quality of services rendered by nursing practitioners, reports of consumer satisfaction with services provided by nursing practitioners and testimony by individual physicians underscore the accountability of nursing practitioners.

Statutory reference to the nurse-physician relationship has obviously become highly politicized. The Association recognizes unnecessary reference to "collaboration" may be used to defuse this issue, but it vigorously opposes statutory reference to protocols, written agreements, physician back-ups or ratios. Each of these has enormous potential for indefensible restriction of access to nursing services. Given the widely publicized impending oversupply of physicians, access to nursing services must now be vigilantly protected.²²

Imposition of protocols, written agreements, physician back-ups or ratios upon individual practitioners as well as administrative agencies would render health care increasingly cumbersome, costly, inflexible and ineffective.

SECTION IV. ENTRY REQUIREMENTS

Preparation for provision of primary health care services is currently provided in baccalaureate and master's degree programs in nursing as well as in certificate programs. Projections for the future are that preparation will take place predominantly in graduate and undergraduate nursing education.^{23,24,25}

Specific educational requirements for areas of concentration or specialization in practice are not common to the professional statutes of New York State. To establish such requirements for nursing would constitute a major policy change. In the judgment of the Association, such a change is totally unwarranted given the obviously safe practice to date of nurses in primary health care, midwifery, anesthesia and various other clinical specialties. Imposition of such distinctive requirements upon nursing could only be construed as discriminatory.²⁰

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Thus, the Association supports the position that entry requirements should be confined to registered nurse licensure. Existing professional conduct provisions require all health practitioners to limit their practice to those particular functions they are individually competent to perform. This, in combination with licensure requirements constitutes a proper and adequate safeguard.

SECTION V. CERTIFICATION

The Association does not concur that public protection calls for a special title for nurses engaged in primary health care. Specialty titles are not included in the professional statutes of this state, nor should they be.

The title "nurse practitioner" is a functional title used initially to identify those nurses who are more routinely and systematically involved in primary health care than are nurses who concentrate or specialize in other aspects of nursing. ~~Inclusion of this or any other functional title in the law would inevitably spark requests for inclusion of a laundry list of titles.~~^{27,28,29}

Identification of the particular skills and competencies of individual nurses is obviously important. This process should continue to include full disclosure by the individual licensee of relevant professional education, experience and credentials to clients, other providers and health care agencies.

Voluntary professional certification exists in nursing as in other health disciplines. Individual nursing practitioners should continue to avail themselves of this means of verifying their particular expertise. Such voluntary efforts supplement and complement the legal regulation of practice, but should not be subsumed by statute.

CONCLUSION

The nursing profession will be able to fulfill its responsibilities to society only where there is direct accountability to those who are the recipients of nursing care services.

The 1972 revision of the Nurse Practice Act provided unambiguous legal sanction for this.

Obviously certain parties have perceived that this is a threat to their status quo and have systematically attempted to amend the Act in order to restrict nursing autonomy. The socially responsible course of action is to limit the authority of these individuals and/or groups rather than impose restriction upon nursing.

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REFERENCES

- ¹Block, Rachel, Staff Working Paper, Assembly Higher Education Committee, New York State Assembly, January 1982.
- ²DeMaio, Dorothy. "The Born Again Nurse," NURSING OUTLOOK, April 1979, p. 272.
- ³DeMaio, Dorothy. "Nurse Practitioner: The Politics of Denial," NURSING OUTLOOK, February 1982, p. 68.
- ⁴Ozimek, Dorothy. THE NURSE PRACTITIONER: THE CURRENT SITUATION AND IMPLICATIONS FOR CURRICULUM CHANGE. National League for Nursing, Department of Baccalaureate and Higher Degree Programs, Pub. No. 15-1607, 1976.
- ⁵United States Department of Health, Education and Welfare. EXTENDING THE SCOPE OF NURSING PRACTICE. U.S. Government Printing Office, November 1971.
- ⁶Lewis, Charles E. and Barbara A. Resnick. "Nurse Clinics and Progressive Ambulatory Patient Care," NEW ENGLAND JOURNAL OF MEDICINE, 277:1236-41, December 7, 1967.
- ⁷Charney, Evan and Harriet Kitman. "The Child-Health Nurse (Pediatric Nurse Practitioner) In Private Practice: A Controlled Trial," NEW ENGLAND JOURNAL OF MEDICINE, 285:1353, 1358, December 9, 1971.
- ⁸Watkins, Laurence O. and Edward H. Wagner. "Nurse Practitioner and Physician Adherence to Standing Orders Criteria for Consultation or Referral," AMERICAN JOURNAL OF PUBLIC HEALTH, 72:1, January 1982.
- ⁹Ramsay, Janice A., John K. McKenzie and David G. Fish. "Physicians and Nurse Practitioners: Do They Provide Equivalent Health Care?," AMERICAN JOURNAL OF PUBLIC HEALTH, 72:1, January 1982.
- ¹⁰Fagin, Claire M. "Nursing as an Alternative to High Cost Care," AMERICAN JOURNAL OF NURSING, January 1982, p. 56.
- ¹¹Dolan, Andrew K. "Antitrust Law and Physician Dominance of Other Health Practitioners," JOURNAL OF HEALTH POLICY LAW, 4:675-690, Winter 1980.
- ¹²New York State Business Corporation Law, Section 1503.
- ¹³New York State Education Law, Article 139, Section 6902.
- ¹⁴Pisani, Joseph R. "Legislatively Intended Interpretation of Professional Nursing Practice, REPORT, New York State Nurses Association, Volume 9, No. 5-6, May-June 1978.
- ¹⁵New York State Education Law, Article 139, Section 6901.

- ¹⁶IBID.
- ¹⁷IBID.
- ¹⁸The New York State Nurses Association. "The Scope of Nursing Practice: Selected Demonstrations," March 1974.
- ¹⁹New York State Public Health Law, Article 21, Section 2164.
- ²⁰Official Compilation of Codes, Rules and Regulations. New York State Department of Health, Title 10, Part 66.
- ²¹Axelrod, David. Immunization Guidelines, New York State Department of Health, August 1980.
- ²²Report of the Graduate Medical Education National Advisory Committee to the Secretary, Department of Health and Human Services, Volume I, GMENAC Summary Report. U.S. Department of Health and Human Services Public Health Service, Health Resources Administration, Office of Graduate Medical Education.
- ²³American Academy of Nursing. "Nurses in Primary Health Care, December 1976.
- ²⁴American Nurses' Association Council of Primary Health Care Nurse Practitioners. THE PRIMARY HEALTH CARE NURSE PRACTITIONER, ANA Pub. #NP-615M, May 1980.
- ²⁵American Nurses' Association. NURSING - A SOCIAL POLICY STATEMENT, 1980.
- ²⁶IBID.
- ²⁷IBID.
- ²⁸Waddle, Frances. "Legal Regulation of Nursing Practice," American Nurses' Association, September 1981.
- ²⁹Choi, Monica Wolcott. "Nurses as Co-Providers of Primary Health Care," NURSING OUTLOOK, 29:9, September 1981.



CATHRYNE A. WELCH, EdD, RN
EXECUTIVE DIRECTOR

New York State Nurses Association

2113 WESTERN AVENUE
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#77
Nurse
Practitioner

April 23, 1982

TO: Assemblyman Mark Alan Siegel
Assemblyman James Tallon
Senator Tarky J. Lombardi

FROM: The New York State Nurses Association

RE: *Final Report: Legislative Recommendations Regarding
Expanded Nursing Practice*

The New York State Nurses Association appreciates your careful examination of provision of primary health care services by registered professional nurses in this state and supports your intent to resolve the questions surrounding legal authority for that practice.

The Association welcomes the opportunity to respond to your *Final Report* in which specific statutory and regulatory approaches to be included in a new bill are described. Association representatives deeply appreciated the opportunity to meet with you on April 21, 1982 for preliminary discussion of the *Final Report*. To promote continuing careful analysis of the report, the Association herein confirms the views shared with you at that meeting.

The Association is pleased that there are no recommendations for physician supervision, ratios of nurses to physicians, or examination requirements. There are, however, other legislative and regulatory approaches cited which are of grave concern. The Association's response to each section of the *Final Report* follows in numerical sequence.*

"Section 1: Nurse Practitioners should be legally recognized and their practice regulated."

This section describes the growth and expansion of the nursing profession as unique, and asserts that nurse practitioner programs have created "a new type of health care professional." All professions are dynamic; all professions' services expand and contract in response to the needs of society. The phenomenon is neither new nor unique to nursing. Over time some nurses have consistently provided primary health care services similar or identical to those now under scrutiny. The Association concurs that the authority of nurses prepared to provide primary health care services should be legally recognized and regulated in the context of the Nurse Practice Act.

*Excerpts from the *Final Report* are set off by quotation marks.

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"Section 2: The proposed regulation of nurse practitioners should be developed within the context of the existing regulatory framework."

The Association agrees wholeheartedly with this section in that the State Education Department and the State Board for Nursing are adequate regulatory agents.

"Section III: Scope of Practice"

The Association is concerned over the statement that, "nurse practitioners are trained to diagnose and treat illnesses within their specialties, in addition to their nursing skills." It implies that diagnosing and treating are not now, nor ever have been, part of nursing practice and that such functions are new and unique to "nurse practitioners." Neither is true.

"Recommendation 1"

The Association agrees that nurses prepared for primary health care services should have legal authorization to diagnose and treat.

"Recommendation 2"

The Association opposes the recommended approach to regulation of prescription and immunization authority. The mechanism outlined is complex, costly, unwieldy and unnecessary. Developing formularies and keeping them up-to-date would be extremely time consuming, most likely bogged down by controversy among the participants and potentially not achievable. Further, giving other disciplines and the State Board for Pharmacy administrative jurisdiction over nursing practice is a marked departure from the existing regulatory framework.

A more reasonable approach would be for the State Education Department to require appropriate pharmacology content in all approved programs.

"Section IV: The Nurse Practitioner/Physician Relationship"

The Association vigorously opposes the requirement for written agreements between the nurse and physician for several reasons. First, such a requirement would expose the scope of practice of each discipline to control and definition by the other. Second, each such agreement would be different and, as a legal document, would invite practice challenges and lawsuits against both nurses and physicians. Third, should physicians be unable or unwilling to participate in written agreements, nurses' practice would be legally prohibited. None of these consequences would serve public interest. Further, in current practice, nurses and physicians have demonstrated their accountability by voluntarily entering into appropriate informal working agreements.

Identification of practice settings, namely Article 28 and 44 facilities in the nurse practice statute, is inappropriate and inconsistent with all current professional practice acts of this state. The grant of authority embodied in practice acts does and should continue to extend to all settings.

"Section V: Entry Requirements"

The Association agrees with the *Final Report* that completion of a program approved and registered by the State Education Department is an adequate minimum standard and that no examination is necessary.

The Association also agrees that certification should be the responsibility of the professional Association, but opposes statutory reference to voluntary certification.

"Section VI: Title Certification"

The Association opposes the inclusion of the title "nurse practitioner" in the statute. There is absolutely no evidence to suggest that public protection requires statutory identification of this or any other functional nursing title. Such identification would fractionate the profession and in other states has led to proliferation of titles within statute and regulation.

This response briefly outlines the Association's areas of support and opposition to concepts and recommendations included in the *Final Report*. We would be pleased to enlarge on any aspect if further clarification is desired. The Association's position is intended to provide experienced guidance so that the legal issues regarding provision of primary health care services by nurses can be resolved in the best interests of society and the nursing profession as a whole.

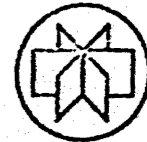
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ADULT NURSE PRACTITIONER PROGRAM
DEPARTMENT OF GRADUATE EDUCATION
School of Nursing

FACULTY OF HEALTH SCIENCES

School of Dentistry
School of Health Related Professions
School of Medicine
School of Nursing
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Affiliated Hospitals:
Buffalo Children's
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Associated Hospitals:
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ARCHIE L HUNTER
127 SHIRLEY AVE
BUFFALO NY 14215

MEMORANDUM

TO: ALL FACULTY

FROM: Pat Burns, Pat Castiglia, Charlene McKaig

DATE: May 18, 1982

RE: Nurse Practitioner Legislation

THIS MAILGRAM IS A CONFIRMATION COPY OF THE FOLLOWING MESSAGE:

7168368782 MGM IDMT BUFFALO NY 58 05-18 0906A EST
ZIP
ASSEMBLYMAN ARTHUR O EVE
LEGISLATIVE OFFICE BLDG 736
ALBANY NY 12248

On April 26, 1982 a number of Practitioner faculty and students lobbied in Albany for the passage of the Seigel-Tallon Bill A11922. Since the official publication of this bill is being introduced today, many may not be familiar with its contents.

The major features include:

1. A written agreement defining "the division of responsibilities, the procedure for consultation and review of therapeutic measures"
2. A prescription advisory committee to be appointed which will be composed of three registered professional nurse practitioners, three licensed physicians and three pharmacists

On May 18, 1982 Assemblywoman Gail Shaffer, who had previously sponsored and supported the Governor's Primary Health Care Bill, A77221, S6361, S6525, placed her support behind the Seigel-Tallon Bill.

Assemblywoman Shaffer, in a personal telephone conversation with Pat Burns today, stated that the Governor's Primary Health Care Bill has been inactivated and is not a viable alternate to the Seigel-Tallon Bill.

If you feel you would like to be informed about the viewpoints of this issue and to review the Seigel-Tallon Bill, contact either the Adult or Pediatric Nurse Practitioner faculty.

PB/kas

I AM DEEPLY DISAPPOINTED THAT YOU WILL COSPONSOR A11922 I STRONGLY OPPOSE THIS BILL AS IT SERIOUSLY JEOPARDIZES THE CURRENT NURSE PRACTICE ACT ENDANGERS ACCOUNTABILITY OF BOTH NURSE AND PHYSICIAN AND IS MORE RESTRICTIVE THAN THE CURRENT PHYSICIANS ASSISTANT LAW PLEASE CONSIDER WITHDRAWING YOUR SUPPORT
JUANITA HUNTER

0909 EST

MGMCOMP MGM

#77
Nurse
Practitioner

MEMORANDUM:

DATE: 6/10/82

TO: Nurse Practitioners of Western New York
FROM: Bonnie Bullough
RE: Assembly Bill 11922 and Senate Bill 6650

I went to Albany June 8th to lobby for our bill. This memo is a combination of observations of that day and other information about the progress of the bill. The bill goes to Ways and Means June 10th and it is anticipated it will pass there. It will probably not go to the Assembly floor until after June 23rd. The real test now seems to be in the Senate and the key figure there is Warren Anderson, the Senate Majority Leader. He has the power to simply not bring the bill to the Senate floor and there is every indication that he might do that.

Nancy McEntyre (Secretary of COONPA) and I visited Anderson's staff person, Mr. Mullen, to speak for the coalition. He felt our chances were not too good because we had both NYSNA and the Medical Society against us. He indicated that he had more mailgrams from NYSNA than from our side; that he had few letters of support from organizations, and that most of the favorable nurse practitioner mail he had was from New York City and it looked like a batch of form letters.

After consulting with experts in Albany we concluded that there are two approaches we need to take: (1) Call every relative, friend, old lover, or whatever in Binghamton (Anderson's district). Ask them to write a note in favor of nurse practitioners, or S6650 to Mr. Anderson. (2) Conceptualize Mr. Anderson as a statewide figure and write to him ourselves. Authorities in Albany say he actually thinks of himself as a statewide person so this is an appropriate conceptualization.

Thus, the most important step you can take now is to send a letter or a mailgram to:

The Honorable Warren M. Anderson
Senate Majority Leader
Room 330 Capitol Building
Albany, New York 12247

The second most important step is to contact your own assemblyman and senator urging once more that they support the legislation. If they have already written back telling you they are a co-sponsor or in support, send them a letter thanking them for support.

There is some good news about the campaign. Shirley G. Gordon, the lobbyist for Family Planning Advocates is devoting much of her time to our cause. The family planning movement is very dependent on nurse practitioners so it is a fight for survival for them. It is great having a real professional to consult with. We are all still novices beside her. The other good news is that the State BPD organization has issued a statement of support for A11922-S6650.

The sad news is the NYSNA campaign. It is huge, and it is almost hysterical. The impression they are making on legislators is very negative. The two arguments Albany staffers are hearing from NYSNA folks seem to go like this: (1) The bill will harm nursing because nurse practitioners will have practice agreements with physicians and physicians are the enemy. (2) That all nurses should be allowed to prescribe instead of just nurse practitioners and nurse anesthetists.

They do not find either of these arguments particularly rational so I have spent a lot of time recently trying to convince Albany staffers that NYSNA is a rational organization that is just trying to protect its membership, but have had little success. The frantic hostile characteristics of the NYSNA communications are a great tragedy for all of us. In the short run it is sad for us because all of the major sponsors of the bill feel that we need at least one of the super powers with us. They had always hoped that it would be NYSNA. They would have made some amendments that would have pulled the bill to the left (giving more power to nursing). That would have been great for us and all nurses. Instead, NYSNA seems to be emerging as a group that cannot engage in a rational dialogue or negotiate so the sponsors are turning to the Medical superpower as the only rational one. The June 23rd meeting is therefore with medicine. Let us hope that the proposed amendments will not harm us too much.

Perhaps the long-range harm is even more significant. The image that is emerging in Albany is that NYSNA is big, powerful and crazy. It is the crazy that we did not need. It will harm us for generations when we need other legislation for nurses.

BB:mjb

THE REGION Western New York Edition

Practitioner Bill Splits State Nurses

by Nanette Tramont Kollig
COURIER-EXPRESS STAFF REPORTER

A proposal in the State Legislature to give nurse practitioners the legal right to diagnose and treat illnesses and prescribe certain medications without the direct supervision of physicians has some of this state's nurses vowing opposition to the measure, yet others wholeheartedly supporting it.

The bill, introduced in the Legislature yesterday, would allow a nurse practitioner to set up private practice under written contract with a physician.

The New York State Nursing Association, which represents about 10,000 nurses throughout the state, is opposing the measure on the grounds that it is "restrictive" and would make nursing practice "subservient" to physicians, according to Rosemary Sheridan, director of communications for NYSNA.

But the Coalition of Organized Nurse Practitioner Associations of New York State, which represents about 2,000 nurse practitioners statewide, "enthusiastically supports" the measure.

Under the current state law governing nursing, the 1972 Nurse Practice Act, nursing practice is defined as "the diagnosing and treatment of human responses to actual or potential health problems through such services of case finding, health teaching, health counseling and provision of care supportive to or restorative to life and well being."

That legislation allows some nurses and nurse practitioners to make nursing diagnoses, but not medical diagnoses. That is, a patient with a chronic condition, diabetes for instance, can go to a nurse practitioner for health teaching about his condition and monitoring his condition but cannot be diagnosed as having that condition by the nurse.

A nurse practitioner cannot write a prescription under current legislation.

The proposed measure would allow nurse practitioners to practice under the direction and review of a physician and would call for nurse practitioners to obtain written contracts with physicians to provide emergency care and to accept refer-



Cynthia Leverenz, a nurse practitioner, talks with a patient at her office in the walk-in clinic at the Erie County Medical Center.

als. Those nurse practitioners so established with a physician, could prescribe medications that are not controlled substances.

The measure also calls for the establishment of a prescription advisory committee, made up of physicians, pharmacists and nurses, to determine what educational courses nurse practitioners would need to take, which drugs they would be allowed to prescribe and under what circumstances.

That committee also would determine what procedures nurse practitioners could perform. "It would then have the right and obligation to approve what nurses are allowed to provide," said NYSNA's Ms. Sheridan. "It would mean the intervention of another health care group supervising nursing," she added.

Cynthia Leverenz is a licensed nurse practitioner who practices out

a fee for service basis, said, "In legal terms, we do not have the right to prescribe medication."

In a hospital setting, such as the one in which Ms. Leverenz works, "the doctor is assuming responsibility for prescribing," Ms. Kemsley said, adding there are "situational arrangements in certain institutions".

Ms. Kemsley, who has a master's degree in nursing and completed her practitioner program post-master's, said she would not support the new measure because "it is very restrictive of nursing practice. And not just nurse practitioners, but it has implications for all nurses."

The issue, she said, "is diagnosing and treating illnesses. That is not something just done by nurse practitioners. All nurses diagnose and treat within their capabilities."

"There is no question that the word diagnosis gets uncomfortable. It is traditionally believed that only physicians can diagnose. But many health care professionals diagnose — physical therapist, for instance. The act of diagnosing gets a little territorial, when indeed the issue is that health care services should be available to the public within the scope of the capabilities of the individual providing them."

A bill introduced into the Legislature by Gov. Hugh L. Carey and State Education Commissioner Gordon Ambach, states that health service may be performed by a registered professional nurse in collaboration with a physician. That bill, currently in the Legislature's Committee on Higher Education, has NYSNA's support.

"We have supported the governor's bill. It is the least restrictive. It would allow nurses to practice in cooperation with physicians. This (the compromise bill) is very restrictive in that nurses would be supervised by physicians."

"Nursing is an independent health profession. It is not subservient. The written agreements (in the compromise measure) would call for stifling restrictions."

It is NYSNA's position that passage of the compromise measure would drive up the costs of health care. "The advisory committee has to be funded, then you would have to apply. It's just going to increase costs," Ms. Sheridan said.

But Martha Kemsley, a pediatric nurse practitioner who works for the Erie County Health Department on



THE UNIVERSITY OF ROCHESTER

MEDICAL CENTER

SCHOOL OF MEDICINE AND DENTISTRY • SCHOOL OF NURSING
STRONG MEMORIAL HOSPITAL

601 ELMWOOD AVENUE
ROCHESTER, NEW YORK 14642
AREA CODE 716

April 29, 1982

Mr. Mark Alan Siegel
Chairman,
Higher Education Committee
New York State Assembly in
Albany
Albany, New York

Dear Mr. Siegel:

I have just read the draft report containing recommendations for legislation on expanded nursing practice. I view the draft with great disappointment and concern, especially those sections that restrict the scope of nursing practice, and that control nursing practice through written agreements and untenable regulations regarding authority for prescriptions and immunizations. None of these sections will serve the health needs of consumers nor do they permit the full utilization of the knowledge, and skills of nurse practitioners as they seek to address unmet health care needs in the state of New York. I urge your reconsideration of the sections of this bill that seeks but fails to rectify some current issues.

On another related matter of personal distress to me is that one of your staff members reportedly said that I have and am serving as a consultant to your office. This is totally untrue. My only association with you or your staff has been in regard to testimony which I presented at a hearing at Buffalo in October 6, 1981. My testimony is enclosed, it has not changed. Anyone who knows me (and there are many in the nation and state who know of my background in introducing the nurse practitioner) knows that I would not support legislation such as the working paper proposes. Nor will I tolerate having my name used indiscreetly to further causes that I do not and cannot support. I have every confidence that you will take the necessary action to rectify such behavior by your staff.

Many innovative and dynamic patterns of nursing and health care delivery—primary care, in-patient and long term care — have developed in Rochester and nurses have been in the forefront

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page 2
Mr. Mark Alan Siegel

of practice, education, and research.

Indeed, the largest group of professional nurse practitioner/faculty in the state and the nation are at Rochester. Many of these well qualified nursing leaders share my concerns. They see the potential controls that can be applied by individuals and institutions to limit nursing practice, to dictate curriculums and to give authority over nursing practice to other professional groups. Therefore, I and many of my colleagues oppose this draft of legislation on "Expanded Nursing Practice". We support the governor's bill and recommend strongly that it become your bill as well.

Sincerely,

Loretta C. Ford
Loretta C. Ford, R.N., Ed.D
Dean and Director of Nursing

LCF:sd
Enclosure

cc: Honorable Tarky J. Lombardi, Jr.
Honorable James R. Tallon, Jr.
ANA President Barbara Nichols
ANA Executive Director, Judith A. Yates

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CATHRYNE A. WELCH, RN, EdD
EXECUTIVE DIRECTOR

New York State Nurses Association

2113 WESTERN AVENUE
GUILDERLAND, NEW YORK 12084
PHONE (518) 458-9333

NYSNA LEGISLATIVE PROGRAM MEMORANDUM
May 1, 1980

RE: the Governor's Legislative Proposal regarding Registered Professional Nurse Provision of Primary Health Care Services (A.11733) (S.9906)

the State Education Department's Legislative Proposal in relation to the Expanded Practice of Nursing (A.11056)

THE GOVERNOR'S LEGISLATIVE PROPOSAL (A.11733) (S.9906)

On March 10, 1980 the NYSNA Board of Directors voted unanimously to support the draft language of Governor Carey's legislation re provision of primary health care services by registered professional nurses (see attached copy). The rationale for the Board's action is that the bill will reaffirm the right of professional nurses to provide primary health care services and will thus facilitate public access to quality health care services.

The Association believes the 1972 revised legal definition of nursing practice authorizes registered professional nurses to provide primary health care services. Legislative sponsors of that definition and Governor Nelson C. Rockefeller (who signed the measure into law) shared that view. However, because legal counsel of the State Education Department contended otherwise, registered professional nurse involvement in provision of primary health care services has been impeded.

Approval of the Governor's proposal will remove unnecessary and unfortunate impediments. Moreover, it will do so without amending the legal definition of nursing practice, establishing a third title or license, characterizing nursing practice as medically delegated or supervised, restricting the setting in which professional nurses may practice, or authorizing the State Education Department to impose certification or functional requirements on professional nurses.

The Governor's bill has been introduced and its bill number is A.11733, S.9906.

The Governor's bill:

Holds nurses directly accountable to clients for nursing and is thus in the best interest of the public.

Promotes direct public access to the services of nurses, again in the best interest of the public.

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Nurse
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Requires the State Education Department to ensure high educational standards in any program preparing primary care practitioners.*

Is consistent with recommendations of national funding and accrediting groups.

Will remove questions enabling federal funding where questions have existed.

Strengthens the position of nursing for direct insurance reimbursement.

Represents natural evolutionary progress of nursing in a technological society, desperately in need of progressive health care services.

Maintains integrity of the nurse practice act as well as its consistency with other professional practice acts.

Preserves nursing's identity.

*Hospital diploma and associate degree programs in nursing do not purport to provide educational preparation for services described in the bill; the bill does hold any registered professional nurse who undertakes provision of these services to have received State Education Department approved educational preparation.

THE STATE EDUCATION DEPARTMENT BILL (A.11056)

Attached is a copy of Assembly Bill 11056 introduced through the Rules Committee at the request of the State Education Department. Major features of the proposal are:

- 1) amendment of section 6902 (legal definition of nursing practice) and sections 6910 of the Nurse Practice Act and 6527 of the Medical Practice Act;
- 2) authorization of "expanded practice in a special area of nursing practice" under the direction and supervision and in collaboration with a licensed physician";
- 3) requirement of written protocols between the nurse performing the services and a physician;
- 4) limitation of the ratio of nurses and directing physicians to 2 to 1 except in Article 28 facilities;
- 5) authorization for the Education Department to establish certification requirements for "expanded" practice;
- 6) authorization for the Commissioner of Education to establish special areas of nursing practice, identify the general and special services nurses may provide in these areas, determine the form and content of the protocol agreements;
- 7) appropriation of \$65,000 to the Education Department for implementation.

Like all previous Education Department proposals on this subject, Bill 11056: characterizes the legitimate evolving role of nursing as a medically delegated and supervised function; confers upon the Commissioner of Education virtually unlimited power to define the scope of nursing practice and the role of nursing practitioners and establish educational and certification requirements for nursing. It goes beyond previous proposals in that it also amends the Medical Practice Act to limit the number of nurses which a licensed physician may "direct" and "collaborate with."

The bill is essentially a total denial of the legitimate autonomy of the nursing profession and its practitioners. It would seriously jeopardize access to quality nursing care services and is, therefore, inimical to the public interest. It must be promptly and decisively rejected by the nursing community.

Letters of support of the Governor's bill and opposition to the State Education Department's bill A.11056 should be sent to:

Honorable Mark Siegel
Chairman, Assembly Committee on Higher Education

Honorable John Flanagan
Ranking Minority, Assembly Committee on Higher Education

Honorable James Tallon
Chairman, Assembly Committee on Health

Honorable Ray McGrath
Ranking Minority, Assembly Committee on Health

(address for above: New York State Assembly, State Capitol, Albany, NY 12248)

In addition, send copies of your messages to:

Honorable Joseph R. Pisani
New York State Senate
State Capitol, Room 505
Albany, NY 12247

Honorable Hugh L. Carey
Governor of the State of New York
Executive Chamber
State Capitol
Albany, NY 12224

Willard A. Genrich
Chancellor, Board of Regents of
the University of the State
of New York
Education Building
Washington Avenue
Albany, NY 12234

Robert Whalen, M.D.
Vice Chairman
New York State Health Planning
Commission
Empire State Plaza
Tower Building
Albany, NY 12237

Gordon M. Ambach
Commissioner of Education
State Education Department
(address same as Chancellor Genrich)

Thomas P. Dowling
Co-Chairman, Governor's Health Advisory Council
Morgan, Finnegan, Pine, Foley and Lee
Attorneys at Law
345 Park Avenue
New York, NY 10022

Grace Brown
Chairperson, State Board for Nursing
State Education Department
Cultural Education Center
Albany, NY 12237

Kevin M. Cahill, M.D.
Special Assistant to the Governor on
Health Affairs
850 Fifth Avenue at 66th Street
New York, NY 10021

Mildred S. Schmidt
Executive Secretary, State Board
for Nursing
(address same as Ms. Brown)

NYSNA
2113 Western Avenue
Guilderland, NY 12084

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Practitioner

STATE OF NEW YORK

11733

IN ASSEMBLY

May 6, 1980

Introduced by COMMITTEE ON RULES—(at request of M. of A. Virgilio)—
read once and referred to the Committee on Higher Education

AN ACT to amend the education law, in relation to the provision of primary health care services by registered professional nurses

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

- 1 Section 1. Section sixty-nine hundred nine of the education law is
- 2 amended by adding a new subdivision four to read as follows:
- 3 4. Health services which may be performed by a registered professional
- 4 nurse, in collaboration with a licensed physician, shall include diagnosis
- 5 of illness and performance of therapeutic and corrective measures,
- 6 including issuance of prescriptions for drugs, other than controlled
- 7 substances, and immunization against preventable diseases. Such nurses
- 8 shall, either before or after licensure, have satisfactorily completed
- 9 educational preparation for these health services in a nursing program
- 10 registered by the state department of education or in a program determined
- 11 by the department to be equivalent. Nothing in this subdivision
- 12 shall be deemed to limit the practice of nursing as a registered professional
- 13 nurse pursuant to this article nor to deny any registered professional
- 14 nurse the right to do any act now authorized by such article.
- 15 § 2. This act shall take effect immediately.

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

1.BD05010695

THIS IS THE SED BILL - introduced at the request of the State Education Department.
THE ASSOCIATION STANDS IN COMPLETE AND INALTERABLE OPPOSITION TO THIS LEGISLATION.

STATE OF NEW YORK

11056

IN ASSEMBLY

March 25, 1980

Introduced by COMMITTEE ON RULES—read once and referred to the Committee on Higher Education

AN ACT to amend the education law, in relation to the expanded practice of nursing and making an appropriation therefor

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

- 1 Section 1. Section sixty-nine hundred two of the education law is
- 2 amended by adding a new subdivision three to read as follows:
- 3 3. The practice of registered professional nursing by a nurse who has
- 4 received a certificate issued by the department authorizing expanded
- 5 practice in a special area of nursing practice may also include the diagnosis
- 6 of illness and the performance of therapeutic or corrective
- 7 measures within such special area of nursing practice, under the direction
- 8 and supervision and in collaboration with a licensed physician, including
- 9 the issuance of prescriptions for drugs other than controlled
- 10 substances, provided such services are performed in accordance with
- 11 written protocols agreed upon in advance between the nurse performing
- 12 the services and a physician. No more than two registered nurses may enter
- 13 into such an agreement with the same physician, except in health care
- 14 facilities licensed pursuant to article twenty-eight of the public health
- 15 law. Nothing in this subdivision shall be deemed to limit the practice
- 16 of the profession of nursing as a registered professional nurse as defined
- 17 in subdivision one of this section.
- 18 § 2. Such law is amended by adding a new section sixty-nine hundred
- 19 ten to read as follows:
- 20 § 6910. Certificates for the expanded practice of nursing. 1. A registered
- 21 professional nurse applying for a certificate authorized by the provisions
- 22 of section sixty-nine hundred two of this article shall fulfill the following
- 23 requirements:
- 24 a. Application: file an application with the department;
- 25 b. License: be licensed as a registered professional nurse in the state
- 26 of New York;

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

LBD05110400

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Nurse
Practitioner

A. 11056

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1 c. Education: have completed a program of study in a special field of
 2 nursing which is registered by the department or a program which, in the
 3 opinion of the department, is the substantial equivalent of a registered
 4 program;
 5 d. Examination: pass an examination satisfactory to the department and
 6 in accordance with commissioner's regulations;
 7 e. Fees: pay a fee to the department of fifteen dollars for each such
 8 certificate.
 9 2. The commissioner, with the approval of the board of regents, may
 10 adopt regulations establishing special areas of nursing practice, iden-
 11 tifying the general and specific services which may be provided by
 12 nurses certified in such areas of practice, the procedure for certifica-
 13 tion in such areas, the form and content of the protocol agreements
 14 required by the provisions of subdivision three of section sixty-nine
 15 hundred two of this article and the records required to be maintained by
 16 the registered nurse and the collaborating physician.
 17 § 3. Section sixty-five hundred twenty-seven of such law is amended by
 18 adding a new subdivision six to read as follows:
 19 6. A physician directing and collaborating with registered profes-
 20 sional nurses certified to engage in the expanded practice of nursing as
 21 provided in sections sixty-nine hundred two and sixty-nine hundred ten
 22 of this article shall not collaborate with more than two such nurses,
 23 except that this limitation shall not apply to health care facilities
 24 licensed pursuant to article twenty-eight of the public health law.
 25 § 4. The sum of sixty-five thousand dollars (\$65,000), or so much
 26 thereof as may be necessary, is hereby appropriated to the state educa-
 27 tion department out of any moneys in the state treasury in the general
 28 fund to the credit of the state purposes fund not otherwise appropri-
 29 ated, for its expenses, including personal service, maintenance and
 30 operation in carrying out the provisions of this act.
 31 § 5. This act shall take effect on the first day of January in the
 32 year next succeeding the date on which it shall have become a law.



CATHRYNE A. WELCH, RN, EdD
EXECUTIVE DIRECTOR

New York State Nurses Association

2113 WESTERN AVENUE
GUILDERLAND, NEW YORK 12084
PHONE (518) 456-9333

April 4, 1980

TO: NYSNA Board of Directors
 NYSNA Council on Legislation
 NYSNA Primary Care Practitioner Specialty Group Executive Committee
 NYSNA Lay Council
 District Presidents and Executive Directors
 Chairmen, District Nurses Association Legislative Committees
 President, Secretary, Legislative Liaison, Council of Deans of
 Nursing: Senior Colleges and Universities in New York State
 Other Interested Parties

FROM: Cathryne A. Welch, Executive Director

RE: I. Opposition to Assembly Bill 11056 (State Education Department
 Bill re "Expanded Practice" of Nursing)
 II. Support for Governor's Bill re Registered Professional Nurse
 Provision of Primary Health Care Services

I. ASSEMBLY BILL 11056

Enclosed for your information is a copy of Assembly Bill 11056 introduced through the Rules Committee at the request of the State Education Department. Major features of the proposal are:

- 1) amendment of section 6902 (legal definition of nursing practice) and sections 6910 of the Nurse Practice Act and 6527 of the Medical Practice Act;
- 2) authorization of "expanded practice in a special area of nursing practice" under the direction and supervision and in collaboration with a licensed physician";
- 3) requirement of written protocols between the nurse performing the services and a physician;
- 4) limitation of the ratio of nurses and directing physicians to 2 to 1 except in Article 28 facilities;
- 5) authorization for the Education Department to establish certification requirements for "expanded" practice;
- 6) authorization for the Commissioner of Education to establish special areas of nursing practice, identify the general and special services nurses may provide in these areas, determine the form and content of the protocol agreements;
- 7) appropriation of \$65,000 to the Education Department for implementation.

Like all previous Education Department proposals on this subject, Bill 11056: characterizes the legitimate evolving role of nursing as a medically delegated and supervised function; confers upon the Commissioner of Education virtually unlimited power to define the scope of nursing practice and the role of nursing practitioners and establish educational and certification requirements for nursing. It goes beyond previous proposals in that it also amends the Medical Practice Act to limit the number of nurses which a licensed physician may "direct" and "collaborate with."

The bill is essentially a total denial of the legitimate autonomy of the nursing profession and its practitioners. It would seriously jeopardize access to quality nursing care services and is, therefore, inimical to the public interest. It must be promptly and decisively rejected by the nursing community.

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Practitioner

NYSNA Board of Directors, et al.
April 4, 1980
Page Two

Please convey strong opposition to this measure immediately to Governor Hugh L. Carey, Thomas P. Dowling, Robert P. Whalen, M.D. and Kevin M. Cahill, M.D. (see my March 17, 1980 memo re the Governor's Bill for titles and addresses). In addition, send copies of your messages of opposition to:

Honorable Alan Siegel
Chairman, Assembly Committee
on Higher Education
New York State Assembly
State Capitol
Albany, NY 12248

Honorable James Tallon
Chairman, Assembly Committee
on Health
(address same as Mr. Siegel)

Honorable Joseph R. Pisani
New York State Senate
State Capitol, Room 505
Albany, NY 12247

Willard A. Genrich
Chancellor, Board of Regents of
the University of the State
of New York
Education Building
Washington Avenue
Albany, NY 12234

Gordon M. Ambach
Commissioner of Education
State Education Department
(address same as Chancellor Genrich)

Grace Brown
Chairperson, State Board for Nursing
State Education Department
Cultural Education Center
Albany, NY 12237

Mildred S. Schmidt
Executive Secretary, State Board
for Nursing
(address same as Ms. Brown)

II. GOVERNOR'S BILL

The Governor's Bill has been submitted for introduction but the bill number is still pending. The language of the bill is precisely the same as that of the draft mailed to you on March 17 except that the introductory line has been changed to delete "expanded practice" and substitute "primary health care services."

In light of the existence of the SED bill, strong nursing community support of the Governor's bill is very urgent. Please send such messages now to the same individuals identified above.

The enclosed NYSNA Legislative Program Memorandum may be useful in preparing letters of opposition to Assembly 11056 and support of the Governor's Bill. It would be very helpful to NYSNA to have a copy of your messages on both bills - a single copy of each will suffice.

We will continue to keep you informed. We deeply appreciate your assistance in continuing nursing's long and necessary struggle for legal recognition as a bona fide, autonomous profession.

CAM:wmb
Enclosures

State University of New York at Buffalo



DEPARTMENT OF UNDERGRADUATE NURSE EDUCATION
School of Nursing

FACULTY OF HEALTH SCIENCE

School of Dentistry
School of Health Related Professions
School of Medicine
School of Pharmacy

May 2, 1979
Affiliated Hospitals:
Buffalo Children's
Buffalo General
Erie County Medical Center
Marshall Fildes
Veterans Administration Medical Center

MEMORANDUM

TO: All Undergraduate Faculty
FROM: Donna Juenker
RE: Recent Action by State Education Department
Regarding Supervision of Nurses by Physician Assistants

A recent statement about the authority of physician's assistants to supervise nursing services by legal counsel, State Education Department is one that needs our prompt response. The statement and NYSNA's reply is attached for your information.

DJ:ab
Attachment

#77
Nurse
Practitioner



VERONICA M. DRISCOLL, R.N.
EXECUTIVE DIRECTOR

New York State Nurses Association

2113 WESTERN AVENUE
GUILDERLAND, NEW YORK 12084
PHONE (518) 456-9333

April 17, 1979

TO: NYSNA Organizational Units
District Presidents and Executive Directors
Other Interested Parties

FROM: Paul T. Hageman, President, NYSNA

RE: Opinion of State Education Department Office of Counsel -
"Supervision of Nurses by Physician's Assistants"

Enclosed is a copy of my April 17, 1979 letter to Robert D. Stone, legal counsel, State Education Department, regarding the foregoing. This is the full text of the report carried in *Nursing Education News*:

Counsel has considered the question of the authority of physician's assistants to supervise nursing services and states that the answer to the question will largely depend upon the facts of a particular situation and the nature of the supervision involved. Nevertheless, counsel states that the statute is clear to the extent that a physician's assistant acting under a delegation of authority from the supervising physician may "supervise" the execution by a registered professional nurse of a medical regimen which has been prescribed by such physician or physician's assistant.

The Association urges you to inform the State Education Department Office of Counsel of your concern over this opinion. We would appreciate receiving copies of correspondence you send and receive on this matter.

Obviously, my letter is but step one in what promises to be a long and complex effort to resolve this dangerous situation. We will keep you informed of events as they unfold.

PTH:wmb
Enclosure



VERONICA M. DRISCOLL, R.N.
EXECUTIVE DIRECTOR

New York State Nurses Association

2113 WESTERN AVENUE
GUILDERLAND, NEW YORK 12084
PHONE (518) 456-9333

April 17, 1979

Mr. Robert D. Stone
Counsel and Deputy Commissioner
for Legal Affairs
Office of Counsel
State Education Department
Washington Avenue
Albany, NY 12234

Dear Mr. Stone:

We have reviewed your office's opinion re: "Supervision of Nurses by Physician's Assistants" as reported in *Nursing Education News*, N-63, April 1979, page 2. This is to inform you that the New York State Nurses Association views this opinion as dangerous, ludicrous and totally inconsistent with and contrary to Article 139 and Article 130, Title VIII, Education Law.

This opinion is a simplistic, bureaucratic application of legal principles wholly irrelevant to the realities of health care delivery and the interrelationship of licensed health care providers. It imposes on physician's assistants a kind and degree of responsibility for which they are totally unprepared and for which there is no statutory authorization. Furthermore, the opinion reflects:

- a) a gross lack of knowledge of both the practice of nursing and the practice of medicine;
- b) a gross affront to and lack of respect for the essence of both the practice of nursing and the practice of medicine;
- c) a perception of the health care delivery system akin to that of the Dark Ages;
- d) a rejection of the basic purpose and intent of licensure of the health professions;
- e) a distortion of the legislative intent of the physician's assistant statute; and
- f) a gross demonstration of inappropriate exercise of police power by the state.

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Practitioner

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In our judgment, your office's opinion that a physician's assistant may supervise a registered professional nurse jeopardizes and threatens the well being and safety of the people of this state. Therefore, as it has in the past with respect to similar opinions by your office, this Association will urge the nursing community to reject this opinion.

Sincerely yours,
Paul T. Hageman
Paul T. Hageman
President

PTH:wmb

- cc: NYSNA Organizational Units
- Presidents and Executive Directors,
- District Nurses Associations
- Deans and Directors, Nursing Education, Nursing Services
- New York State Board for Nursing
- Medical Society of the State of New York
- Hospital Association of New York State
- Senator Joseph R. Pisani
- Kevin M. Cahill, M.D.
- Thomas P. Dowling
- Gordon Ambach
- Dorothy Harrison
- David Axelrod
- Rosemary Pooler



VERONICA M. DRISCOLL, R.N.
EXECUTIVE DIRECTOR

New York State Nurses Association

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