

4611--A

2013-2014 Regular Sessions

I N S E N A T E

April 15, 2013

Introduced by Sens. YOUNG, AVELLA, ESPAILLAT, MONTGOMERY, PARKER, RITCHIE, ROBACH, SAVINO -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, in relation to establishing the nurse practitioners modernization act; and providing for the repeal of such provisions upon the expiration thereof

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "nurse practitioners modernization act".

3 S 2. Subdivision 3 of section 6902 of the education law, as added by
4 chapter 257 of the laws of 1988, is amended to read as follows:

5 3. (a) (I) The practice of registered professional nursing by a nurse
6 practitioner, certified under section six thousand nine hundred ten of
7 this article, may include the diagnosis of illness and physical condi-
8 tions and the performance of therapeutic and corrective measures within
9 a specialty area of practice, in collaboration with a licensed physician
10 qualified to collaborate in the specialty involved, provided such
11 services are performed in accordance with a written practice agreement
12 and written practice protocols EXCEPT AS PERMITTED BY PARAGRAPH (B) OF
13 THIS SUBDIVISION. The written practice agreement shall include explicit
14 provisions for the resolution of any disagreement between the collab-
15 orating physician and the nurse practitioner regarding a matter of diag-
16 nosis or treatment that is within the scope of practice of both. To the
17 extent the practice agreement does not so provide, then the collaborat-
18 ing physician's diagnosis or treatment shall prevail.

19 (II) IN THE EVENT THAT (A) AN EXISTING WRITTEN PRACTICE AGREEMENT WITH
20 A COLLABORATING PHYSICIAN TERMINATES AS A RESULT OF: THE COLLABORATING
21 PHYSICIAN MOVING, RETIRING, NO LONGER NEEDING THE SERVICES OF THE NURSE

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

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1 PRACTITIONER, NO LONGER BEING QUALIFIED TO PRACTICE; OR THE WRITTEN
2 PRACTICE AGREEMENT TERMINATING DUE TO NO FAULT ON THE PART OF THE NURSE
3 PRACTITIONER; AND (B) THE NURSE PRACTITIONER DEMONSTRATES THAT HE OR SHE
4 HAS MADE A GOOD FAITH EFFORT TO ENTER INTO A NEW WRITTEN PRACTICE AGREE-
5 MENT WITH A COLLABORATING PHYSICIAN AND HAS BEEN UNABLE TO DO SO, THEN
6 UPON APPROVAL BY THE DEPARTMENT, SUCH NURSE PRACTITIONER MAY CONTINUE TO
7 PRACTICE PURSUANT TO THIS PARAGRAPH WITHIN A SPECIALTY AREA OF PRACTICE
8 FOR A PERIOD OF UP TO SIX MONTHS, IN COLLABORATION WITH A NURSE PRACTI-
9 TIONER WHO HAS BEEN CERTIFIED UNDER SECTION SIX THOUSAND NINE HUNDRED
10 TEN OF THIS ARTICLE, WHO HAS BEEN PRACTICING FOR MORE THAN THREE THOU-
11 SAND SIX HUNDRED HOURS AND WHO IS QUALIFIED TO COLLABORATE IN THE
12 SPECIALTY INVOLVED, PROVIDED THAT SERVICES ARE PERFORMED IN ACCORDANCE
13 WITH A WRITTEN PRACTICE AGREEMENT AND WRITTEN PRACTICE PROTOCOLS; SUCH
14 SIX MONTH TIME PERIOD FOR COLLABORATION BETWEEN NURSE PRACTITIONERS MAY
15 BE EXTENDED FOR A PERIOD OF TIME NOT TO EXCEED AN ADDITIONAL SIX MONTHS
16 UPON A SHOWING OF GOOD CAUSE SUBJECT TO THE APPROVAL OF THE DEPARTMENT.

17 [(b)] (III) Prescriptions for drugs, devices and immunizing agents may
18 be issued by a nurse practitioner, under this [subdivision] PARAGRAPH
19 and section six thousand nine hundred ten of this article, in accordance
20 with the practice agreement and practice protocols EXCEPT AS PERMITTED
21 BY PARAGRAPH (B) OF THIS SUBDIVISION. The nurse practitioner shall
22 obtain a certificate from the department upon successfully completing a
23 program including an appropriate pharmacology component, or its equiv-
24 alent, as established by the commissioner's regulations, prior to
25 prescribing under this [subdivision] PARAGRAPH. The certificate issued
26 under section six thousand nine hundred ten of this article shall state
27 whether the nurse practitioner has successfully completed such a program
28 or equivalent and is authorized to prescribe under this [subdivision]
29 PARAGRAPH.

30 [(c)] (IV) Each practice agreement shall provide for patient records
31 review by the collaborating physician OR, WHERE APPLICABLE, THE COLLAB-
32 ORATING NURSE PRACTITIONER, in a timely fashion but in no event less
33 often than every three months. The names of the nurse practitioner and
34 the collaborating physician OR, WHERE APPLICABLE, THE COLLABORATING
35 NURSE PRACTITIONER shall be clearly posted in the practice setting of
36 the nurse practitioner.

37 [(d)] (V) The practice protocol shall reflect current accepted medical
38 and nursing practice, OR FOR COLLABORATING WITH ANOTHER NURSE PRACTI-
39 TIONER PURSUANT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE CURRENT
40 ACCEPTED NURSING PRACTICE. The protocols shall be filed with the
41 department within ninety days of the commencement of the practice and
42 may be updated periodically. The commissioner shall make regulations
43 establishing the procedure for the review of protocols and the disposi-
44 tion of any issues arising from such review.

45 [(e)] (VI) No physician OR, WHERE APPLICABLE, NURSE PRACTITIONER,
46 shall enter into practice agreements with more than four nurse practi-
47 tioners who are not located on the same physical premises as the collab-
48 orating physician OR COLLABORATING NURSE PRACTITIONER.

49 [(f)] (B) NOTWITHSTANDING SUBPARAGRAPH (I) OF PARAGRAPH (A) OF THIS
50 SUBDIVISION, A NURSE PRACTITIONER, CERTIFIED UNDER SECTION SIXTY-NINE
51 HUNDRED TEN OF THIS ARTICLE AND PRACTICING FOR MORE THAN THREE THOUSAND
52 SIX HUNDRED HOURS MAY COMPLY WITH THIS PARAGRAPH IN LIEU OF COMPLYING
53 WITH THE REQUIREMENTS OF PARAGRAPH (A) OF THIS SUBDIVISION RELATING TO
54 COLLABORATION WITH A PHYSICIAN, A WRITTEN PRACTICE AGREEMENT AND WRITTEN
55 PRACTICE PROTOCOLS. A NURSE PRACTITIONER COMPLYING WITH THIS PARAGRAPH
56 SHALL HAVE COLLABORATIVE RELATIONSHIPS WITH ONE OR MORE LICENSED PHYSI-

CIANS QUALIFIED TO COLLABORATE IN THE SPECIALTY INVOLVED OR A HOSPITAL, LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW, THAT PROVIDES SERVICES THROUGH LICENSED PHYSICIANS QUALIFIED TO COLLABORATE IN THE SPECIALTY INVOLVED AND HAVING PRIVILEGES AT SUCH INSTITUTION. AS EVIDENCE THAT THE NURSE PRACTITIONER MAINTAINS COLLABORATIVE RELATIONSHIPS, THE NURSE PRACTITIONER SHALL COMPLETE AND MAINTAIN A FORM, CREATED BY THE DEPARTMENT, WHICH THE NURSE PRACTITIONER SHALL ATTEST TO, THAT IDENTIFIES WRITTEN PRACTICE PROTOCOLS AND THE METHODS BY WHICH THE NURSE PRACTITIONER WILL COLLABORATE SUCH AS: THE CRITERIA TO BE USED REGARDING CONSULTATION, INCLUDING METHODS AND FREQUENCY OF HOW CONSULTATION SHALL BE PROVIDED; COLLABORATIVE MANAGEMENT AND REFERRAL; AND EMERGENCY REFERRAL PLANS. SUCH FORMS SHALL BE UPDATED AS NEEDED AND MAY BE SUBJECT TO REVIEW BY THE DEPARTMENT. THE NURSE PRACTITIONER SHALL MAKE INFORMATION CONTAINED IN THIS FORM AVAILABLE TO HIS OR HER PATIENTS UPON REQUEST. FAILURE TO COMPLY WITH THE REQUIREMENTS FOUND IN THIS PARAGRAPH BY A NURSE PRACTITIONER WHO IS NOT COMPLYING WITH SUCH PROVISIONS OF PARAGRAPH (A) OF THIS SUBDIVISION, SHALL BE SUBJECT TO PROFESSIONAL MISCONDUCT PROVISIONS AS SET FORTH IN ARTICLE ONE HUNDRED THIRTY OF THIS TITLE.

(C) Nothing in this subdivision shall be deemed to limit or diminish the practice of the profession of nursing as a registered professional nurse under this article or any other law, rule, regulation or certification, nor to deny any registered professional nurse the right to do any act or engage in any practice authorized by this article or any other law, rule, regulation or certification.

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

(E) THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, SHALL ISSUE A REPORT ON THE IMPLEMENTATION OF THE PROVISIONS OF THIS SECTION, ALONG WITH INFORMATION THAT INCLUDES, BUT IS NOT LIMITED TO: THE NUMBER OF NURSE PRACTITIONERS PRACTICING FOR FEWER THAN THREE THOUSAND SIX HUNDRED HOURS THAT PRACTICE PURSUANT TO A WRITTEN PRACTICE AGREEMENT WITH A PHYSICIAN; THE NUMBER OF NURSE PRACTITIONERS THAT PRACTICE PURSUANT TO A WRITTEN PRACTICE AGREEMENT WITH A NURSE PRACTITIONER FOR SIX MONTHS AND THE NUMBER OF THESE NURSE PRACTITIONERS THAT EXTEND A WRITTEN PRACTICE AGREEMENT FOR AN ADDITIONAL SIX MONTHS UPON A SHOWING OF GOOD CAUSE SUBJECT TO THE APPROVAL OF THE DEPARTMENT; THE NUMBER OF NURSE PRACTITIONERS THAT PRACTICE PURSUANT TO COLLABORATIVE RELATIONSHIPS WITH PHYSICIANS; AND OTHER INFORMATION THE DEPARTMENT DEEMS RELEVANT, INCLUDING BUT NOT LIMITED TO, ANY RECOMMENDATIONS FOR THE CONTINUATION OF OR AMENDMENTS TO THE PROVISIONS OF THIS SECTION RELATING TO WRITTEN PRACTICE AGREEMENTS OR COLLABORATIVE RELATIONSHIPS. THE COMMISSIONER SHALL SUBMIT THIS REPORT TO THE GOVERNOR, THE SPEAKER OF THE ASSEMBLY, THE TEMPORARY PRESIDENT OF THE SENATE, AND THE CHAIRS OF THE ASSEMBLY AND SENATE HIGHER EDUCATION COMMITTEES BY SEPTEMBER FIRST, TWO THOUSAND SEVENTEEN.

S 3. This act shall take effect on the first day of January after it shall have become a law and shall expire June 30 of the sixth year after it shall have become a law, when upon such date the provisions of this act shall be deemed repealed; provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date is authorized and directed to be made and completed on or before such effective date.