

STATE OF NEW YORK

6886

2023-2024 Regular Sessions

IN SENATE

May 12, 2023

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law and the education law, in relation to standing orders for patient care in hospitals

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

Section 1. The public health law is amended by adding a new section 2803-v-1 to read as follows:

§ 2803-v-1. Standing orders for patient care in a hospital. 1. A hospital may establish standing orders for the care of patients, which may authorize an attending nurse to provide services and care to a patient. Nothing contained within this section shall affect or impair the validity of section twenty-eight hundred three-v of this article, as added by chapter three hundred sixty-six of the laws of two thousand eighteen, as it relates to standing orders for the care of newborns in a hospital.

2. As used in this section, unless the context clearly requires otherwise:

(a) "Attending practitioner" means the physician, nurse practitioner, or physician assistant acting within his or her lawful scope and terms of practice, attending a patient in a hospital.

(b) "Attending nurse" means a registered nurse attending to a patient, acting within his or her lawful scope of practice.

(c) "Standing order" means a non-patient specific order for the care of a patient in a hospital, and shall include the following:

(i) Electrocardiograms for patients that meet Acute Cardiac Syndrome criteria as defined by American Heart Association guidelines;

(ii) Point-of-care glucose screenings for patients with suspected hypoglycemia as defined in authoritative neurology criteria for evaluation of acute mental status changes;

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

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1 (iii) Sepsis lab panels and intravenous access for patients that meet
2 severe sepsis and septic shock criteria as defined in the department's
3 sepsis regulations;

4 (iv) Pregnancy tests for patients with childbearing capacity prior to
5 undergoing select imaging studies, operative procedures, and/or adminis-
6 tration of anesthetic agents;

7 (v) COVID-19 vaccines; and

8 (vi) Age-related cancer screening as recommended by the United States
9 Prevention Services Taskforce including but not limited to providing
10 stool tests to screen for colorectal cancer and ordering of mammograms.

11 3. A standing order may be implemented in the case of any patient when
12 (a) directed by the attending practitioner, or (b) in the absence of a
13 specific direction by the attending practitioner, the attending nurse
14 determines, in his or her professional judgment, that implementing the
15 standing order for the patient is clinically appropriate and consistent
16 with the standing order, the hospital's policies and applicable regu-
17 lations. The standing order shall not be implemented in a specific situ-
18 ation where the hospital's policies, the standing order, or applicable
19 regulations provide otherwise.

20 4. (a) A standing order shall provide for the circumstances in which
21 the condition or change in condition of the patient requires a departure
22 from the terms of the standing order.

23 (b) When an attending nurse implementing a standing order becomes
24 aware of circumstances that, in his or her professional judgment,
25 reasonably indicate a need to depart from the terms of the standing
26 order, he or she shall so advise the attending practitioner. In such
27 circumstances, if the attending nurse determines, in his or her profes-
28 sional judgment, that the health of the patient requires departing from
29 the standing order prior to receiving direction from the attending prac-
30 titioner, the attending nurse may do so, consistent with his or her
31 lawful scope of practice, the hospital's policies and applicable regu-
32 lations.

33 (c) The standing order shall provide, including the times and manner,
34 that an attending practitioner shall review and acknowledge in writing
35 the services and care provided to the patient under the standing order
36 and the condition of the patient.

37 5. (a) A standing order may provide for circumstances in which it
38 shall not be implemented, or implemented only at the order of an attend-
39 ing practitioner.

40 (b) A standing order shall be dated, timed, and authenticated promptly
41 in the patient's medical record by the attending practitioner acting in
42 accordance with law, including scope-of-practice laws, hospital poli-
43 cies, and medical staff bylaws, rules and regulations.

44 6. A standing order may be implemented only if the implementing hospi-
45 tal:

46 (a) establishes that the order has been reviewed and approved by the
47 hospital's medical staff and nursing and pharmacy leadership, and signed
48 by a physician affiliated with the hospital;

49 (b) demonstrates that the order is consistent with nationally recog-
50 nized evidence-based guidelines; and

51 (c) ensures that the periodic and regular review of the order is
52 conducted by the hospital's medical staff and nursing and pharmacy lead-
53 ership to determine the continuing usefulness and safety of the order.

54 7. A standing order is a medical regimen; it shall be consistent with
55 the lawful scope of practice of a registered nurse.

1 8. The commissioner may make regulations governing the terms, proce-
2 dures and implementation of standing orders.

3 § 2. Section 6527 of the education law is amended by adding a new
4 subdivision 12 to read as follows:

5 12. A licensed physician may prescribe and order a non-patient specif-
6 ic standing order for patient care in a hospital consistent with section
7 twenty-eight hundred three-v-1 of the public health law.

8 § 3. Section 6909 of the education law is amended by adding two new
9 subdivisions 12 and 13 to read as follows:

10 12. A certified nurse practitioner may prescribe and order a non-pa-
11 tient specific standing order for patient care in a hospital consistent
12 with section twenty-eight hundred three-v-1 of the public health law.

13 13. A registered nurse may execute a standing order for patient care
14 in a hospital consistent with section twenty-eight hundred three-v-1 of
15 the public health law. The commissioner may make regulations relating
16 to implementation of this subdivision.

17 § 4. This act shall take effect immediately.