

3289--A

2011-2012 Regular Sessions

I N S E N A T E

February 15, 2011

Introduced by Sens. YOUNG, AVELLA, ESPAILLAT, MONTGOMERY, OPPENHEIMER, RITCHIE, ROBACH -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education -- recommitted to the Committee on Higher Education in accordance with Senate Rule 6, sec. 8 -- 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 AND PRACTICING FOR FEWER THAN THIRTY-SIX MONTHS AND THREE
8 THOUSAND SIX HUNDRED HOURS, may include the diagnosis of illness and
9 physical conditions and the performance of therapeutic and corrective
10 measures within a specialty area of practice, in collaboration with a
11 licensed physician qualified to collaborate in the specialty involved,
12 provided such services are performed in accordance with a written prac-
13 tice agreement and written practice protocols. The written practice
14 agreement shall include explicit provisions for the resolution of any
15 disagreement between the collaborating physician and the nurse practi-
16 tioner regarding a matter of diagnosis or treatment that is within the
17 scope of practice of both. To the extent the practice agreement does not
18 so provide, then the collaborating physician's diagnosis or treatment
19 shall prevail. IN THE EVENT THAT (I) AN EXISTING WRITTEN PRACTICE
20 AGREEMENT WITH A COLLABORATING PHYSICIAN TERMINATES AS A RESULT OF THE

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

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1 COLLABORATING PHYSICIAN MOVING, RETIRING, NO LONGER NEEDING THE SERVICES
2 OF THE NURSE PRACTITIONER, NO LONGER BEING QUALIFIED TO PRACTICE OR UPON
3 HIS OR HER DEATH AND THE NURSE PRACTITIONER IS UNABLE TO ENTER INTO A
4 NEW WRITTEN PRACTICE AGREEMENT WITH ANOTHER COLLABORATING PHYSICIAN; OR
5 IF (II) A NURSE PRACTITIONER OBTAINS APPROVAL BY THE DEPARTMENT BASED ON
6 A DEMONSTRATION TO THE DEPARTMENT THAT AN EXISTING WRITTEN PRACTICE
7 AGREEMENT WAS TERMINATED DUE TO NO FAULT ON THE PART OF THE NURSE PRACTITIONER,
8 AND THAT THE NURSE PRACTITIONER IS UNABLE TO ENTER INTO A NEW
9 WRITTEN PRACTICE AGREEMENT WITHIN ANOTHER COLLABORATING PHYSICIAN
10 FOLLOWING A SHOWING OF GOOD FAITH EFFORT; THEN: SUCH NURSE PRACTITIONER
11 MAY CONTINUE TO PRACTICE PURSUANT TO THIS PARAGRAPH WITHIN A SPECIALTY
12 AREA OF PRACTICE FOR A PERIOD OF UP TO SIX MONTHS, IN COLLABORATION WITH
13 A NURSE PRACTITIONER WHO HAS BEEN CERTIFIED UNDER SECTION SIX THOUSAND
14 NINE HUNDRED TEN OF THIS ARTICLE, WHO HAS BEEN PRACTICING FOR MORE THAN
15 THIRTY-SIX MONTHS AND THREE THOUSAND SIX HUNDRED HOURS AND WHO IS QUALIFIED
16 TO COLLABORATE IN THE SPECIALTY INVOLVED, PROVIDED THAT SERVICES
17 ARE PERFORMED IN ACCORDANCE WITH A WRITTEN PRACTICE AGREEMENT AND WRITTEN
18 PRACTICE PROTOCOLS; SUCH SIX MONTH TIME PERIOD FOR COLLABORATION
19 BETWEEN NURSE PRACTITIONERS MAY BE EXTENDED FOR A PERIOD OF TIME NOT TO
20 EXCEED AN ADDITIONAL SIX MONTHS UPON A SHOWING OF GOOD CAUSE SUBJECT TO
21 THE APPROVAL OF THE DEPARTMENT.

22 [(b)] (II) Prescriptions for drugs, devices and immunizing agents may
23 be issued by a nurse practitioner, under this [subdivision] PARAGRAPH
24 and section six thousand nine hundred ten of this article, in accordance
25 with the practice agreement and practice protocols. The nurse practitioner
26 shall obtain a certificate from the department upon successfully
27 completing a program including an appropriate pharmacology component, or
28 its equivalent, as established by the commissioner's regulations, prior
29 to prescribing under this [subdivision] PARAGRAPH. The certificate
30 issued under section six thousand nine hundred ten of this article shall
31 state whether the nurse practitioner has successfully completed such a
32 program or equivalent and is authorized to prescribe under this [subdivision]
33 PARAGRAPH.

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

41 [(d)] (IV) The practice protocol shall reflect current accepted
42 medical and nursing practice, OR WHERE APPLICABLE THE CURRENT ACCEPTED
43 NURSING PRACTICE. The protocols shall be filed with the department
44 within ninety days of the commencement of the practice and may be
45 updated periodically. The commissioner shall make regulations establishing
46 the procedure for the review of protocols and the disposition of any
47 issues arising from such review.

48 [(e)] (V) No physician OR, WHERE APPLICABLE, NURSE PRACTITIONER, shall
49 enter into practice agreements with more than four nurse practitioners
50 who are not located on the same physical premises as the collaborating
51 physician OR COLLABORATING NURSE PRACTITIONER.

52 (B) (I) THE PRACTICE OF REGISTERED PROFESSIONAL NURSING BY A NURSE
53 PRACTITIONER, CERTIFIED UNDER SECTION SIX THOUSAND NINE HUNDRED TEN OF
54 THIS ARTICLE AND PRACTICING FOR MORE THAN THIRTY-SIX MONTHS AND THREE
55 THOUSAND SIX HUNDRED HOURS, MAY INCLUDE THE DIAGNOSIS OF ILLNESS AND

1 PHYSICAL CONDITIONS AND THE PERFORMANCE OF THERAPEUTIC AND CORRECTIVE
2 MEASURES WITHIN A SPECIALTY AREA OF PRACTICE.

3 (II) PRESCRIPTIONS FOR DRUGS, DEVICES AND IMMUNIZING AGENTS MAY BE
4 ISSUED BY A NURSE PRACTITIONER, UNDER THIS PARAGRAPH AND SECTION SIX
5 THOUSAND NINE HUNDRED TEN OF THIS ARTICLE. THE NURSE PRACTITIONER SHALL
6 OBTAIN A CERTIFICATE FROM THE DEPARTMENT UPON SUCCESSFULLY COMPLETING A
7 PROGRAM INCLUDING AN APPROPRIATE PHARMACOLOGY COMPONENT, OR ITS EQUIV-
8 ALENT, AS ESTABLISHED BY THE COMMISSIONER'S REGULATIONS, PRIOR TO
9 PRESCRIBING UNDER THIS PARAGRAPH; PROVIDED THAT ANY CERTIFICATE ISSUED
10 PURSUANT TO SUBPARAGRAPH (II) OF PARAGRAPH (A) OF THIS SUBDIVISION SHALL
11 ALSO SATISFY THE REQUIREMENTS OF THIS SUBPARAGRAPH. THE CERTIFICATE
12 ISSUED UNDER SECTION SIX THOUSAND NINE HUNDRED TEN OF THIS ARTICLE SHALL
13 STATE WHETHER THE NURSE PRACTITIONER HAS SUCCESSFULLY COMPLETED SUCH A
14 PROGRAM OR EQUIVALENT AND IS AUTHORIZED TO PRESCRIBE UNDER THIS PARA-
15 GRAPH.

16 (III) A NURSE PRACTITIONER, CERTIFIED UNDER SECTION SIX THOUSAND NINE
17 HUNDRED TEN OF THIS ARTICLE AND PRACTICING FOR MORE THAN THIRTY-SIX
18 MONTHS AND THREE THOUSAND SIX HUNDRED HOURS, SHALL EITHER HAVE A WRITTEN
19 PRACTICE AGREEMENT AND WRITTEN PRACTICE PROTOCOLS WITH A LICENSED PHYSI-
20 CIAN IN CONFORMITY WITH THE REQUIREMENTS SET FORTH IN PARAGRAPH (A) OF
21 THIS SUBDIVISION OR SHALL HAVE COLLABORATIVE RELATIONSHIPS WITH ONE OR
22 MORE LICENSED PHYSICIANS QUALIFIED TO COLLABORATE IN THE SPECIALTY
23 INVOLVED OR A HOSPITAL, LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE
24 PUBLIC HEALTH LAW, THAT PROVIDES SERVICES THROUGH LICENSED PHYSICIANS
25 HAVING PRIVILEGES AT SUCH INSTITUTION AND QUALIFIED TO COLLABORATE IN
26 THE SPECIALTY INVOLVED. SUCH COLLABORATIVE RELATIONSHIP SHALL INCLUDE
27 WRITTEN GUIDELINES FOR PRACTICE THAT PROVIDE FOR THE CRITERIA TO BE USED
28 REGARDING CONSULTATION, INCLUDING METHODS AND FREQUENCY OF HOW CONSULTA-
29 TION SHALL BE PROVIDED, COLLABORATIVE MANAGEMENT AND REFERRAL, INCLUDING
30 EMERGENCY REFERRAL PLANS, TO ADDRESS THE HEALTH STATUS AND RISKS OF
31 PATIENTS. DOCUMENTATION OF SUCH COLLABORATIVE RELATIONSHIPS SHALL BE
32 MAINTAINED BY THE NURSE PRACTITIONER AND THE NURSE PRACTITIONER SHALL
33 MAKE INFORMATION ABOUT SUCH COLLABORATIVE RELATIONSHIPS AVAILABLE TO HIS
34 OR HER PATIENTS UPON REQUEST. FAILURE TO COMPLY WITH THE REQUIREMENTS
35 FOUND IN THIS SUBPARAGRAPH SHALL BE SUBJECT TO PROFESSIONAL MISCONDUCT
36 PROVISIONS AS SET FORTH IN ARTICLE ONE HUNDRED THIRTY OF THIS TITLE.

37 (IV) THE WRITTEN GUIDELINES FOR PRACTICE SHALL REFLECT CURRENT
38 ACCEPTED MEDICAL AND NURSING PRACTICE AND SHALL BE FILED WITH THE
39 DEPARTMENT, ALONG WITH AN ATTESTATION BY THE NURSE PRACTITIONER IDENTI-
40 FYING THE PHYSICIAN, PHYSICIANS, OR HOSPITAL THAT HAVE AGREED TO PARTIC-
41 IPATE IN THE COLLABORATIVE RELATIONSHIP PURSUANT TO SUCH WRITTEN GUIDE-
42 LINES, WITHIN NINETY DAYS OF THE COMMENCEMENT OF THE PRACTICE AND MAY BE
43 UPDATED PERIODICALLY. THE COMMISSIONER SHALL MAKE REGULATIONS ESTABLISH-
44 ING THE PROCEDURES FOR THE REVIEW OF WRITTEN GUIDELINES AND THE DISPOSI-
45 TION OF ANY ISSUES ARISING FROM SUCH REVIEW.

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

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

1 (E) THE DEPARTMENT SHALL REVIEW THE COMPONENTS COMMONLY FOUND IN THE
2 WRITTEN GUIDELINES FOR PRACTICE FILED WITH THE DEPARTMENT AND SHALL ALSO
3 ESTABLISH A SURVEY FORM, WHICH SHALL BE MADE AVAILABLE TO PHYSICIANS AND
4 NURSE PRACTITIONERS LICENSED IN THE STATE, IN ORDER TO SOLICIT COMMENTS
5 REGARDING THE PRACTICAL IMPLEMENTATION AND FUNCTIONALITY OF COLLABORA-
6 TIVE AGREEMENTS BETWEEN NURSE PRACTITIONERS AND COLLABORATIVE RELATION-
7 SHIPS BETWEEN A NURSE PRACTITIONER AND A PHYSICIAN AND THE IMPACT OF
8 SUCH AGREEMENTS AND RELATIONSHIPS TO THE PROVISION OF HEALTH CARE
9 SERVICES WITHIN THE STATE. THE COMMISSIONER, IN CONSULTATION WITH THE
10 COMMISSIONER OF HEALTH, SHALL ISSUE A REPORT THAT SUMMARIZES THE COMPO-
11 NENTS COMMONLY FOUND IN THE WRITTEN GUIDELINES FOR PRACTICE AND THE
12 COMMENTS RECEIVED RELATING TO COLLABORATIVE AGREEMENTS AND COLLABORATIVE
13 RELATIONSHIPS ALONG WITH INFORMATION THAT INCLUDES, BUT IS NOT LIMITED
14 TO: THE NUMBER OF NURSE PRACTITIONERS PRACTICING FOR FEWER THAN THIRTY-
15 SIX MONTHS AND THREE THOUSAND SIX HUNDRED HOURS THAT PRACTICE PURSUANT
16 TO A COLLABORATIVE AGREEMENT WITH A PHYSICIAN; THE NUMBER OF NURSE PRAC-
17 TITIONERS PRACTICING FOR FEWER THAN THIRTY-SIX MONTHS AND THREE THOUSAND
18 SIX HUNDRED HOURS THAT PRACTICE PURSUANT TO A COLLABORATIVE AGREEMENT
19 WITH A NURSE PRACTITIONER FOR SIX MONTHS AND THE NUMBER OF THESE NURSE
20 PRACTITIONERS THAT EXTEND A COLLABORATIVE AGREEMENT FOR AN ADDITIONAL
21 SIX MONTHS UPON A SHOWING OF GOOD CAUSE SUBJECT TO THE APPROVAL OF THE
22 DEPARTMENT; THE NUMBER OF NURSE PRACTITIONERS PRACTICING FOR MORE THAN
23 THIRTY-SIX MONTHS AND THREE THOUSAND SIX HUNDRED HOURS THAT PRACTICE
24 PURSUANT TO A COLLABORATIVE RELATIONSHIP WITH A PHYSICIAN; OTHER INFOR-
25 MATION THE DEPARTMENT DEEMS RELEVANT, INCLUDING BUT NOT LIMITED TO, ANY
26 RECOMMENDATIONS FOR THE CONTINUATION OR AMENDMENTS TO THE PROVISIONS OF
27 THIS SECTION RELATING TO COLLABORATIVE AGREEMENTS OR COLLABORATIVE
28 RELATIONSHIPS. THE COMMISSIONER SHALL SUBMIT THIS REPORT TO THE GOVER-
29 NOR, THE SPEAKER OF THE ASSEMBLY, THE TEMPORARY PRESIDENT OF THE SENATE,
30 AND THE CHAIRS OF THE ASSEMBLY AND SENATE HIGHER EDUCATION COMMITTEES BY
31 SEPTEMBER FIRST, TWO THOUSAND SIXTEEN.

32 S 3. This act shall take effect on the one hundred eightieth day after
33 it shall have become a law and shall expire June 30, 2018 when upon such
34 date the provisions of this act shall be deemed repealed; provided,
35 however, that effective immediately, the addition, amendment and/or
36 repeal of any rule or regulation necessary for the implementation of
37 this act on its effective date is authorized and directed to be made and
38 completed on or before such effective date.