

STATE OF NEW YORK

9950--B

IN ASSEMBLY

February 27, 2018

Introduced by M. of A. GOTTFRIED, BRAUNSTEIN, ENGLEBRIGHT, CAHILL, McDONALD, D'URSO, CROUCH, THIELE, SEAWRIGHT, BUCHWALD, LIFTON, DICKENS, TAYLOR, JAFFEE, NIOU, LUPARDO, BARRON, ZEBROWSKI, NORRIS, LAWRENCE, ERRIGO, MONTESANO, BLAKE, ORTIZ, COOK, MOSLEY, LAVINE, GLICK, CRESPO, BICHOTTE, DE LA ROSA, GOODELL, RIVERA, FAHY -- Multi-Sponsored by -- M. of A. DAVILA, GIGLIO, HYNDMAN -- read once and referred to the Committee on Health -- reported and referred to the Committee on Codes -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported and referred to the Committee on Rules -- Rules Committee discharged, bill amended, ordered reprinted as amended and recommitted to the Committee on Rules

AN ACT to amend the public health law and the education law, in relation to hospital standing orders for the care of newborns

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

1 Section 1. The public health law is amended by adding a new section
2 2803-v to read as follows:

3 § 2803-v. Standing orders for newborn care in a hospital. 1. A hospital
4 may establish standing orders for the care of newborns in the hospital
5 until the discharge of the newborn from the hospital following the
6 birth, which may authorize an attending nurse to provide services and
7 care to healthy newborns.

8 2. As used in this section, unless the context clearly requires other-
9 wise:

10 (a) "Hospital" means a hospital that routinely provides perinatal care
11 to newborns.

12 (b) "Attending practitioner" means the physician, nurse practitioner,
13 physician assistant or midwife, acting within his or her lawful scope
14 and terms of practice, attending the birth or postnatal care of a
15 newborn in a hospital.

16 (c) "Attending nurse" means a registered nurse attending the postnatal
17 care of a newborn, acting within his or her lawful scope of practice.

18 (d) "Standing order" means a non-patient specific order for the care
19 of healthy newborns in the hospital, established under this section.

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

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1 3. A standing order may be implemented in the case of any newborn when
2 (a) directed by the attending practitioner, or (b) in the absence of a
3 specific direction by the attending practitioner, the attending nurse
4 determines, in his or her professional judgment, that implementing the
5 standing order for the newborn is clinically appropriate and consistent
6 with the standing order, the hospital's policies and applicable regu-
7 lation where the hospital's policies, the standing order, or applicable
8 regulations provide otherwise.

10 4. (a) A standing order shall provide for the circumstances in which
11 the condition or change in condition of the newborn or the newborn's
12 mother, or other circumstances relating to providing services and care
13 to the newborn, require departure from the terms of the standing order.

14 (b) Where an attending nurse implementing a standing order becomes
15 aware of circumstances that, in his or her professional judgment,
16 reasonably indicate a need to depart from the terms of the standing
17 order, he or she shall so advise the attending practitioner. In such
18 circumstances, if the attending nurse determines, in his or her profes-
19 sional judgment, that the health of the newborn requires departing from
20 the standing order prior to receiving direction from the attending prac-
21 titioner, the attending nurse may do so, consistent with his or her
22 lawful scope of practice, the hospital's policies and applicable regu-
23 lations.

24 (c) The standing order shall provide, including the times and manner,
25 that an attending practitioner shall review and acknowledge in writing
26 the services and care provided to the newborn under the standing order
27 and the condition of the newborn.

28 5. (a) A standing order may provide for circumstances in which it
29 shall not be implemented, or implemented only at the order of an attend-
30 ing practitioner, which may include but not be limited to:

- 31 (i) lack of or inadequate prenatal care;
32 (ii) a birth not attended by an attending practitioner;
33 (iii) a birth not occurring in a hospital; or
34 (iv) a premature or low birth weight birth.

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

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

41 (a) establishes that the order has been reviewed and approved by the
42 hospital's medical staff and nursing and pharmacy leadership, and signed
43 by a physician affiliated with the hospital or, in the case of a midwif-
44 ery birth center, by a midwife affiliated with the hospital;

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

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

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

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

54 § 2. Section 6909 of the education law is amended by adding a new
55 subdivision 9 to read as follows:

1 9. A registered professional nurse may execute a standing order for
2 newborn care in a hospital established under section twenty-eight
3 hundred three-v of the public health law, as provided in that section.
4 The commissioner may make regulations relating to implementation of this
5 subdivision.

6 § 3. This act shall take effect on the one hundred twentieth day after
7 it shall have become a law. Effective immediately, the commissioner of
8 health and the commissioner of education may make regulations and take
9 other actions reasonably necessary to implement this act on that date.