STATE OF NEW YORK

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Cal. No. 1508

IN SENATE

May 15, 2018

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first report, amended on first report, ordered to a second report and ordered reprinted, retaining its place in the order of second report -- ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

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:

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

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

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

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

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

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

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

3. A standing order may be implemented in the case of any newborn when (a) directed by the attending practitioner, or (b) in the absence of a specific direction by the attending practitioner, the attending nurse determines, in his or her professional judgment, that implementing the

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

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standing order for the newborn is clinically appropriate and consistent with the standing order, the hospital's policies and applicable regulations. The standing order shall not be implemented in a specific situation where the hospital's policies, the standing order, or applicable regulations provide otherwise.

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

(b) Where an attending nurse implementing a standing order becomes aware of circumstances that, in his or her professional judgment, reasonably indicate a need to depart from the terms of the standing order, he or she shall so advise the attending practitioner. In such circumstances, if the attending nurse determines, in his or her professional judgment, that the health of the newborn requires departing from the standing order prior to receiving direction from the attending practitioner, the attending nurse may do so, consistent with his or her lawful scope of practice, the hospital's policies and applicable regulations.

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

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

(i) lack of or inadequate prenatal care;

(ii) a birth not attended by an attending practitioner;

(iii) a birth not occurring in a hospital; or

(iv) a premature or low birth weight birth.

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

6. A standing order may be implemented only if the implementing hospital:

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

(b) demonstrates that the order is consistent with nationally recognized evidence-based guidelines; and

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

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

8. The commissioner may make regulations governing the terms, procedures and implementation of standing orders.

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

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

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