

STATE OF NEW YORK

9950

IN ASSEMBLY

February 27, 2018

Introduced by M. of A. GOTTFRIED -- read once and referred to the
Committee on Health

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

The People of the State of New York, represented in Senate and Assem-
bly, 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 hospi-
4 tal may establish standing orders for the care of newborns in the hospi-
5 tal 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.

20 3. A standing order may be implemented in the case of any newborn when
21 (a) directed by the attending practitioner, or (b) in the absence of a
22 specific direction by the attending practitioner, the attending nurse
23 determines, in his or her professional judgment, that implementing the
24 standing order for the newborn is clinically appropriate and consistent
25 with the standing order, hospital's policies and applicable regulations.
26 The standing order shall not be implemented in a specific situation
27 where the hospital's policies, the standing order, or applicable regu-
28 lations provide otherwise.

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

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

5 (b) Where an attending nurse implementing a standing order becomes
6 aware of circumstances that, in his or her professional judgment,
7 reasonably indicate a need to depart from the terms of the standing
8 order, he or she shall so advise the attending practitioner. In such
9 circumstances, if the attending nurse determines, in his or her profes-
10 sional judgment, that the health of the newborn requires departing from
11 the standing order prior to receiving direction from the attending prac-
12 titioner, the attending nurse may do so, consistent with his or her
13 lawful scope of practice, the hospital's policies and applicable regu-
14 lations.

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

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

22 (i) lack of or inadequate prenatal care;

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

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

25 (iv) a premature or low birth weight birth.

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

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

32 (a) establishes that the order has been reviewed and approved by the
33 hospital's medical staff and nursing and pharmacy leadership;

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

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

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

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

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