

STATE OF NEW YORK

6030

2023-2024 Regular Sessions

IN ASSEMBLY

March 30, 2023

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

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

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-1 to read as follows:

3 § 2803-v-1. Standing orders in a hospital. 1. A hospital may establish
4 standing orders for the care of patients in the hospital, which may
5 authorize an attending nurse to provide services and care to a patient.
6 Notwithstanding this section, section twenty-eight hundred three-v of
7 this article shall apply in the case of standing orders for the care of
8 newborns in the hospital.

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

11 (a) "Hospital" means a hospital that routinely provides care to
12 patients that is the subject of the standing order.

13 (b) "Attending practitioner" means the physician, nurse practitioner,
14 physician assistant or midwife or other health care professional
15 licensed, certified or otherwise authorized to practice under title
16 eight of the education law, acting within his or her lawful scope and
17 terms of practice, attending a patient in a hospital.

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

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

22 3. A standing order may be implemented in the case of any patient when
23 (a) directed by the attending practitioner, or (b) in the absence of a
24 specific direction by the attending practitioner, the attending nurse
25 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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1 standing order for the patient is clinically appropriate and consistent
2 with the standing order, the hospital's policies and applicable regu-
3 lations. The standing order shall not be implemented in a specific situ-
4 ation where the hospital's policies, the standing order, or applicable
5 regulations provide otherwise.

6 4. (a) A standing order shall provide for the circumstances in which
7 the condition or change in condition of the patient, or other circum-
8 stances relating to providing services and care to the patient, require
9 departure from the terms of the standing order.

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

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

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

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

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

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

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

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

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

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

45 § 2. Subdivision 9 of section 6909 of the education law, as added by
46 chapter 366 of the laws of 2018, is amended to read as follows:

47 9. A registered professional nurse may execute (a) a standing order
48 for newborn care in a hospital established under section twenty-eight
49 hundred three-v of the public health law, as provided in that section,
50 and (b) a standing order established under section twenty-eight hundred
51 three-v-1 of the public health law, as provided in that section. The
52 commissioner may make regulations relating to implementation of this
53 subdivision.

54 § 3. This act shall take effect immediately.