STATE OF NEW YORK

6030--A

2023-2024 Regular Sessions

IN ASSEMBLY

March 30, 2023

Introduced by M. of A. PAULIN -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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

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-1 to read as follows:

§ 2803-v-1. Standing orders for patient care in a hospital. 1. A hospital may establish standing orders for the care of patients, which may authorize an attending nurse to provide services and care to a patient. Notwithstanding this section, section twenty-eight hundred three-v of this article, as added by chapter 366 of the laws of 2018, shall apply in the case of standing orders for the care of newborns in the hospital.

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

(a) "Hospital" means a hospital that routinely provides patient care.

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

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

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

3. Notwithstanding any other provision of law, a registered nurse may administer the following procedures upon an order by a licensed physician or surgeon or an order by a nurse practitioner or physician assistant:

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

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(a) Electrocardiograms for patients that meet Acute Cardiac Syndrome criteria as defined by American Heart Association guidelines.

(b) Point-of-care glucose screenings for patients with suspected hypoglycemia as defined in authoritative neurology criteria for evaluation of acute mental status changes.

(c) Sepsis lab panels and intravenous access for patients that meet severe sepsis and septic shock criteria as defined in the department's sepsis regulations.

(d) Pregnancy tests for patients with childbearing capacity prior to undergoing select imaging studies, operative procedures, and/or administration of anesthetic agents.

4. A standing order may be implemented in the case of any patient 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 standing order for the patient 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.

5. (a) A standing order shall provide for the circumstances in which the condition or change in condition of the patients requires a departure from the terms of the standing order.

(b) When 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 patient 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 patient under the standing order and the condition of the patient.

6. (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.

(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.

7. 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;

(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.

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

9. 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 11 to read as follows:

11. A registered nurse may execute a standing order for patient care in a hospital established under section twenty-eight hundred three-v-1 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 immediately.