Introduced by Sens. RIVERA, BORRELLO, BROOKS, BROUK, RITCHIE, SKOUFIS -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, in relation to the practice protocol for nurse practitioners; and to amend part D of chapter 56 of the laws of 2014, amending the education law relating to enacting the "nurse practitioners modernization act", in relation to the effectiveness thereof

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

1. Section 1. Subparagraphs (i) and (iv) of paragraph (a) of subdivision 2 of section 6902 of the education law, as amended by section 2 of part 3 D of chapter 56 of the laws of 2014, are amended to read as follows:

   (i) The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician or nurse practitioner practicing pursuant to paragraph (b) of this subdivision, qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols except as permitted by paragraph (b) of this subdivision. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail.

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

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(iv) The practice protocol shall reflect current accepted medical and nursing practice[. The protocols shall be filed with the department within ninety days of the commencement of the practice] and may be updated periodically. The commissioner shall make regulations establishing the procedure for the review of protocols and the disposition of any issues arising from such review.

§ 2. Paragraph (b) of subdivision 3 of section 6902 of the education law, as added by section 2 of part D of chapter 56 of the laws of 2014, is amended to read as follows:

(b) Notwithstanding subparagraph (i) of paragraph (a) of this subdivision, a nurse practitioner, certified under section sixty-nine hundred and ten of this article and practicing for more than three thousand six hundred hours [may comply with this paragraph in lieu of complying] shall not be required to comply with the requirements of paragraph (a) of this subdivision relating to collaboration with a physician or nurse practitioner, a written practice agreement and written practice protocols. A nurse practitioner complying with this paragraph shall have collaborative relationships with one or more licensed physicians qualified to collaborate in the specialty involved or a hospital, licensed under article twenty-eight of the public health law, that provides services through licensed physicians qualified to collaborate in the specialty involved and having privileges at such institution. As evidence that the nurse practitioner maintains collaborative relationships, the nurse practitioner shall complete and maintain a form, created by the department, to which the nurse practitioner shall attest, that describes such collaborative relationships. For purposes of this paragraph, "collaborative relationships" shall mean that the nurse practitioner shall communicate, whether in person, by telephone or through written (including electronic) means, with a licensed physician qualified to collaborate in the specialty involved or, in the case of a hospital, communicate with a licensed physician qualified to collaborate in the specialty involved and having privileges at such hospital, for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary. Such form shall also reflect the nurse practitioner’s acknowledgement that if reasonable efforts to resolve any dispute that may arise with the collaborating physician or, in the case of a collaboration with a hospital, with a licensed physician qualified to collaborate in the specialty involved and having privileges at such hospital, about a patient’s care are not successful, the recommendation of the physician shall prevail. Such form shall be updated as needed and may be subject to review by the department. The nurse practitioner shall maintain documentation that supports such collaborative relationships. Failure to comply with the requirements found in this paragraph by a nurse practitioner who is not complying with such provisions of paragraph (a) of this subdivision, shall be subject to professional misconduct provisions as set forth in article one hundred thirty of this title].

§ 3. Section 3 of part D of chapter 56 of the laws of 2014, amending the education law relating to enacting the "nurse practitioners modernization act", as amended by section 10 of part S of chapter 57 of the laws of 2021, is amended to read as follows:

§ 3. This act shall take effect on the first of January after it shall have become a law [and shall expire June 30 of the seventh year after it shall have become a law, when upon such date the provisions of this act shall be deemed repealed]; provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation
necessary for the implementation of this act on its effective date is authorized and directed to be made and completed on or before such effective date.

§ 4. This act shall take effect immediately.