	A BILL TO BE ENTITLED
1	AN ACT
2	relating to the practice and regulatory environment for registered
3	nurses and licensed vocational nurses
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Subchapter D, Chapter 301, Occupations Code, is
6	amended by adding Sections 301.1605 and 301.1606 to read as
7	follows:
8	Sec. 301.1605. PILOT PROGRAMS FOR INNOVATIVE APPLICATIONS.
9	(a) The board may approve and adopt rules regarding pilot programs
10	for innovative applications in the practice of and including the
11	regulation of professional nursing.
12	(b) The board shall specify the procedures to be followed in
13	applying for approval of a pilot program. The board may condition
14	approval of a program on compliance with this section and rules
15	adopted under this section.
16	(c) In approving a pilot program, the board may grant the
17	program an exception to the mandatory reporting requirements of
18	Sections 301.401409 or to specific rules governing the practice,
19	education or reporting of registered nurses adopted under this
20	chapter or Chapter 303. The board may not grant an exception to the
21	mandatory reporting requirements unless the program:
22	(1) is designed to evaluate the efficiency of
23	alternative reporting methods; and
24	(2) provides consumers adequate protection from

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H.B. No. 2324 1 registered nurses whose continued practice is a threat to public 2 safety. 3 Sec. 301.1606. PILOT PROGRAMS ON NURSE REPORTING SYSTEMS. 4 (a) Before January 1, 2004, the board shall solicit proposals for pilot programs designed to evaluate the efficacy and effect on 5 6 protection of the public of reporting systems designed to encourage 7 identification of system errors. 8 (b) If the board grants an exception to the mandatory 9 reporting requirements of Sections 301.401-.409 or to the specific rules governing the practice, education or reporting of registered 10 nurses adopted under this chapter or Chapter 303, the board may 11 12 require that the program: (1) provide for the remediation of the deficiencies of 13 14 a registered nurse who has knowledge or skill deficiencies that 15 unless corrected may result in an unreasonable risk to public 16 safety; 17 (2) provide for supervision of the nurse during remediation of deficiencies under Subdivision (1); 18 19 (3) require reporting to the board of a registered 20 nurse: 21 (A) who fails to satisfactorily complete 22 remediation, or who does not make satisfactory progress in remediation, under Subdivision (1); 23 24 (B) whose incompetence in the practice of 25 professional nursing would pose a continued risk of harm to the 26 public; or 27 (C) whose error contributed to a patient death or

1	serious patient injury; or
2	(4) provide for a nursing peer review committee to
3	review whether a registered nurse is appropriate for remediation
4	under Subdivision (1).
5	(c) The board may require that the entity conducting a pilot
6	program under this section reimburse the board for the cost of
7	monitoring and evaluating the pilot program.
8	(d) The board may contract with a third party to perform the
9	monitoring and evaluation.
10	(e) The board may limit the number of pilot programs that it
11	approves under this section.
12	SECTION 2. Section 301.251, Occupations Code, is amended by
13	adding Subsection (d) to read as follows:
14	(d) Unless the person holds a license under this chapter or
15	as a vocational nurse under Chapter 302, a person may not use, in
16	connection with the person's name:
17	(1) the title "nurse"; or
18	(2) any other designation tending to imply that the
19	person is licensed to provide nursing care.
20	SECTION 3. Section 301.303, Occupations Code, is amended to
21	read as follows:
22	Sec. 301.303. CONTINUING <u>COMPETENCY</u> [EDUCATION]. (a) The
23	board may recognize, prepare, or implement <u>a</u> continuing <u>competency</u>
24	program [education programs] for license holders under this chapter
25	and may require participation in the program [continuing education
26	programs] as a condition of renewal of a license. The board may
27	allow a license holder to demonstrate continued competency through

1 various mechanisms including targeted continuing education, 2 certification, and professional portfolio.

3 (b) The board may not require participation in more than a 4 total of 20 hours of continuing education in a two-year licensing 5 period and may not require that more than 10 hours of the continuing 6 education consist of classroom instruction in approved programs. 7 The remaining hours of continuing education may consist of any 8 combination of:

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classroom instruction;

10 11 (2) institutional-based instruction; or

(3) individualized study.

12 (c) If the board requires participation in continuing 13 education programs as a condition of license renewal, the board by 14 rule shall establish a system for the approval of programs and 15 providers of continuing education.

16 (d) In adopting rules under Subsection (c), the board shall 17 consider, but is not obligated to approve:

(1) a program or provider approved or accredited
through the [Board of Accreditation of the] American <u>Nurses</u>
[Nurses'] Association <u>Credentialing Center</u> [or the National
Federation of Specialty Nursing Organizations]; and

(2) a nurse in-service program offered by a hospitalthat is:

(A) accredited by the Joint Commission on
 Accreditation of Healthcare Organizations;

26 (B) certified by Medicare; or

27 (C) maintained or operated by the federal

1 government or the state.

2 (e) The board may adopt [other] rules as necessary to 3 implement this section.

4 (f) The board may assess each program and provider under this section a fee in an amount that is reasonable and necessary to 5 6 defray the costs incurred in approving programs and providers.

SECTION 4. Section 301.351, Occupations Code, is amended by 7 amending Subsection (b) and adding Subsection (c) to read as 8 9 follows:

While interacting with the public in a professional 10 (b) nursing role [on duty providing direct care to a patient], each 11 licensed registered nurse shall wear a clearly legible [an] 12 insignia identifying the nurse as a registered nurse. The insignia 13 14 may not contain information other than:

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(1) the registered nurse designation;

16 (2) the nurse's name, certifications, academic 17 degrees, or practice position; and

(3) the name of the employing facility or agency. 18

19 (c) The board may adopt rules establishing specifications for the insignia. 20

SECTION 5. Section 301.401, Occupations Code, is amended to 21 read as follows: 22

Sec. 301.401. GROUNDS FOR REPORTING REGISTERED NURSE. 23 (a) 24 Except as provided by Subsection (b), the [The] following are grounds for reporting a registered nurse under Section 301.402, 25 301.403, 301.405, or 301.407: 26

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(1) unnecessary or likely exposure by the registered

1 nurse of a patient or other person to a risk of harm; 2 (2) unprofessional conduct by the registered nurse; 3 (3) failure by the registered nurse to adequately care 4 for a patient; 5 failure by the registered nurse to conform to the (4)6 minimum standards of acceptable professional nursing practice; or 7 impairment or likely impairment of the registered (5) 8 nurse's practice by chemical dependency. 9 (b) Subsection (a) does not apply to a minor incident, as defined by Section 301.419, that is not required to be reported 10 pursuant to rules adopted by the board under Section 301.419. 11 SECTION 6. Section 301.402, Occupations Code, is amended by 12 adding Subsection (f) to read as follows: 13 14 (f) A registered nurse may report to the nurse's employer, 15 an entity at which the nurse is authorized to practice, or an appropriate agent of such employer or entity any situation that the 16 17 nurse has reasonable cause to believe exposes a patient to substantial risk of harm as a result of a failure to provide patient 18 19 care that conforms to minimum standards of acceptable and prevailing professional nursing practice. For purposes of this 20 21 subsection, the employer or entity includes any employee or agent of that employer or entity. 22 SECTION 7. Subchapter J, Chapter 301, Occupations Code, is 23 24 amended by adding Section 301.4515 to read as follows: 25 Sec. 301.4515. USE OF CERTAIN NURSING TITLES. Unless the 26 person is practicing under the delegated authority of a registered nurse or is otherwise authorized by state or federal law, a person 27

may not use, in connection with the person's name: 1 2 (1) the title "nurse aide," "nurse assistant," or "nurse technician"; or 3 4 (2) any other similar title. 5 SECTION 8. Section 301.457, Occupations Code, is amended by 6 adding Subsection (f) to read as follows: (f) In making a determination under Subsection (e), the 7 8 board shall review the evidence to determine the extent to which a 9 deficiency in care by the registered nurse was the result of deficiencies in the registered nurse's judgment, knowledge, 10 training, or skill rather than other factors beyond the nurse's 11 12 control. A determination that a deficiency in care is attributable to a registered nurse must be based on the extent to which the 13 14 registered nurse's conduct was the result of a deficiency in the 15 registered nurse's judgment, knowledge, training, or skill.

SECTION 9. Sections 303.005(a), (b), (c), (d), and (f),
Occupations Code, are amended to read as follows:

(a) In this section, "duty to a patient" means conduct
required by standards of practice or professional conduct adopted
by the board <u>for registered nurses or the Board of Vocational Nurse</u>
<u>Examiners for licensed vocational nurses</u>. The term includes
administrative decisions directly affecting a [registered] nurse's
ability to comply with that duty.

(b) If a person who regularly employs, hires, or otherwise
contracts for the services of at least 10 [registered] nurses
requests one of those nurses to engage in conduct that the nurse
believes violates a [registered] nurse's duty to a patient, the

1 nurse may request, on a form produced by the board, a determination
2 by a nursing peer review committee under this chapter of whether the
3 conduct violates a [registered] nurse's duty to a patient.

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4 (c) A [registered] nurse who in good faith requests a peer
5 review determination under Subsection (b):

6 (1) may not be disciplined or discriminated against7 for making the request;

8 (2) may engage in the requested conduct pending the9 peer review;

10 (3) is not subject to the reporting requirement under
11 Subchapter I, Chapter 301, or the rules of the board or the Board of
12 <u>Vocational Nurse Examiners</u>; and

13 (4) may not be disciplined by the board <u>or the Board of</u> 14 <u>Vocational Nurse Examiners</u> for engaging in that conduct while the 15 peer review is pending.

(d) The determinations of the peer review committee shall be 16 17 considered in a decision to discipline the nurse, but the determinations are not binding if а [registered] 18 nurse administrator believes in good faith that the peer review committee 19 has incorrectly determined a [registered] nurse's duty. 20

21 (f) A [registered] nurse's rights under this section may not 22 be nullified by a contract.

23 SECTION 10. Section 303.006, Occupations Code, is amended 24 by adding Subsection (f) to read as follows:

25 (f) If a peer review committee determines that a nurse has 26 not engaged in conduct required to be reported to the nurse's 27 licensing board, a member of the peer review committee whose

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1	knowledge of the nurse's conduct was acquired only through the peer
2	review may not report that nurse to the licensing board for that
3	conduct. A committee member is not prohibited from reporting:
4	(1) the nurse, if the member has knowledge of the
5	nurse's conduct independently of peer review; or
6	(2) the peer review committee to the licensing board,
7	if the member believes the committee made its determination in bad
8	faith.
9	SECTION 11. Chapter 303, Occupations Code, is amended by
10	adding Section 303.011 to read as follows:
11	Sec. 303.011. EVALUATION BY COMMITTEE. In evaluating a
12	nurse's conduct, the nursing peer review committee shall review the
13	evidence to determine the extent to which a deficiency in care by
14	the nurse was the result of deficiencies in the nurse's judgment,
15	knowledge, training, or skill rather than other factors beyond the
16	nurse's control. A determination that a deficiency in care is
17	attributable to a nurse must be based on the extent to which the
18	nurse's conduct was the result of a deficiency in the nurse's
19	judgment, knowledge, training, or skill.
20	SECTION 12. Subchapter B, Chapter 241, Health and Safety
21	Code, is amended by adding Section 241.0264 to read as follows:
22	Sec. 241.0264. POLICIES RELATING TO WORKPLACE SAFETY (a)
23	Hospitals shall adopt policies and procedures relating to the work
24	environment for nurses to:
25	(1) improve workplace safety to reduce risk of
26	violence, injury and occupational illness; and
27	(2) improve the use of ergonomic principles and

1	ergonomically designed devices to reduce injury and fatigue.
2	(b) In developing policies, hospital shall address:
3	(1) evaluating new products and technology
4	incorporating ergonomic principles;
5	(2) controlling access to areas with high risk of
6	violence;
7	(3) educating staff in application of ergonomic
8	practices;
9	(4) conducting workplace audits to identify areas of
10	risks and recommended ways to reduce risks; and
11	(5) reporting of crimes against hospital personnel to
12	appropriate law enforcement agencies.
13	SECTION 13. This Act takes effect immediately if it
14	receives a vote of two-thirds of all the members elected to each
15	house, as provided by Section 39, Article III, Texas Constitution.
16	If this Act does not receive the vote necessary for immediate
17	effect, this Act takes effect September 1, 2003.