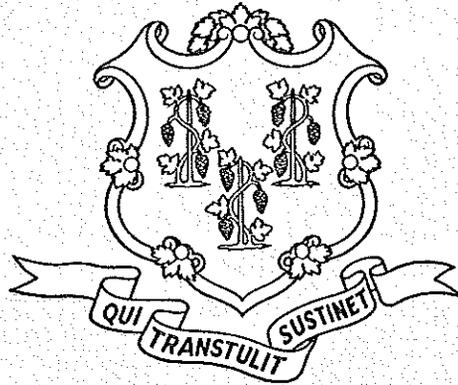


Connecticut General Assembly



Legislative Program Review and Investigations Committee

SUNSET REVIEW

Board of Examiners for Nursing

Vol. I-14

January 1, 1980

CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements. In 1975 the General Assembly expanded the Committee's function to include investigations and changed its name to the Legislative Program Review and Investigations Committee. During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act to include "Sunset" performance reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

The Committee is composed of twelve members, three each appointed by the Senate President Pro Tempore and Minority Leader, and the Speaker of the House and Minority Leader.

This is the first of five annual reviews emerging from the first round of "Sunset" research.

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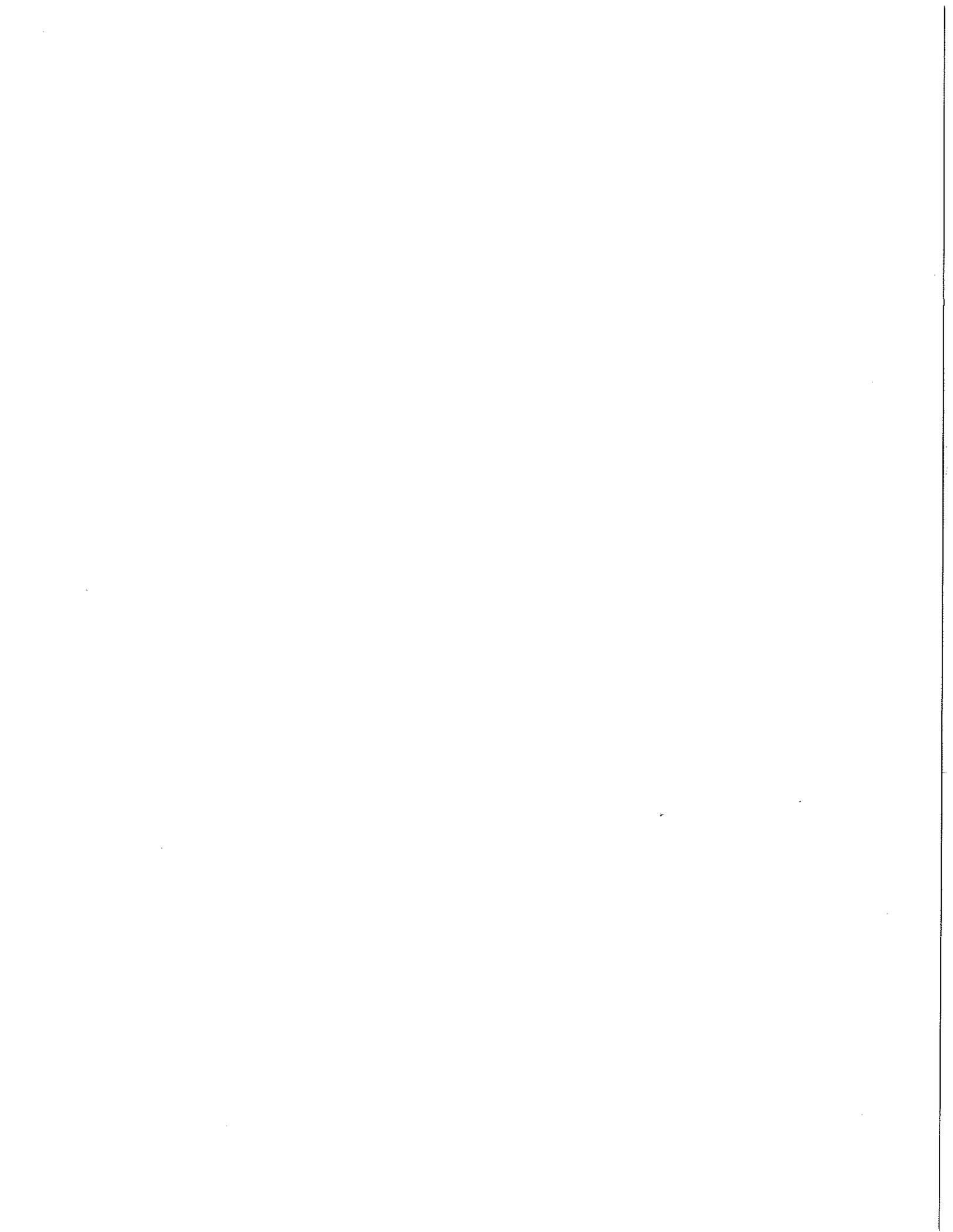
Committee Staff

Michael L. Nauer, Director
Paul S. Rapo, Staff Attorney
George W. McKee, Sunset Coordinator
Elaine A. Anderson, Ph.D., Senior Program Analyst
Randy J. Garber, Program Analyst, Acting Sunset Coordinator
Jill E. Jensen, Program Analyst & Principal Analyst on the Study
L. Spencer Cain, Program Analyst & Principal Analyst on the Study
Catherine McNeill Conlin, Program Analyst
Joanne E. Downs, Program Analyst
Anne E. McAloon, Program Analyst
Lillian B. Crovo, Stenographer
Mary Lou Gilchrist, Committee Secretary

SUNSET REVIEW 1980

CONNECTICUT STATE BOARD OF EXAMINERS FOR NURSING

Vol. I-14



CONNECTICUT STATE BOARD OF EXAMINERS FOR NURSING

The Connecticut State Board of Examiners for Nursing was reviewed by the Legislative Program Review and Investigations Committee in compliance with the Sunset mandate of P.A. 77-614. The nine criteria outlined in that act (Title 2c, Chapter 28) provided the basis upon which committee decisions were made. These criteria required legislators to address three fundamental questions in evaluating the boards and commissions slated for 1980 Sunset review:

1. Is regulation of the occupation or profession necessary to protect the public from harm?
2. What is the appropriate level of regulation?
3. Who should regulate the occupation or profession and how should it be regulated?

This board-specific report is supplemental to the Sunset Review 1980 - General Report which contains the background, methods, and recommendations of Sunset Review 1980. To appreciate fully the contents of this board-specific report, it is necessary to review and refer to the General Report, particularly the section "Model Legislation" which provides a single statutory framework to be applied uniformly and consistently to all regulated entities under Sunset review.

This specific report contains the following sections:

- Description of entity reviewed;
- Recommendations and discussion for entity reviewed; and
- Entity survey and analysis.

Definition and Background

Connecticut and many other states have recently revised their nurse practice acts to reflect the expanded role of both professional (RN) and practical (LPN) nurses in the modern health care system. Nursing, according to most legal definitions, now includes not only "traditional" nursing functions--providing supportive and restorative care, and executing the medical regimen under a physician's direction --but health counseling and teaching, case finding and referral, and collaborating in implementing the total health care regimen. Under the expanded role, RN's are authorized by most state laws including Connecticut's, to make a "nursing diagnosis" to plan appropriate nursing care.

RN's, in addition, may perform all nursing functions independently, while LPN's are required to practice under the direction of an RN or a physician.¹ Prior to the Connecticut nurse practice act revision in 1975 (P.A. 166), no statutory distinction was made between the scope of professional and practical nursing. All aspects of nursing practice were dependent on receiving orders, supervision, or direction from a physician.

Nurses, as direct patient care providers, are authorized to perform functions such as administration of medications and treatments prescribed by a physician that can involve serious risks to patient health and safety. Given the highly technical procedures now included in hospital care, special skills and training are particularly necessary to perform competently the functions physicians delegate to nurses. In addition, nurses often practice under a physician's "standing orders" or in other settings without direct supervision (private duty nursing, community health nursing, extended care facilities). In these situations, nurses have primary responsibility for patient care and must make many independent judgments which may have serious consequences.

To assure the public that only qualified individuals assume and remain in the nurse's role, state examining boards were established to accredit nursing education programs and license nursing personnel. In Connecticut, licensure has been mandatory for RN's since 1929 and for LPN's since 1956. Over 30,000 RN's and almost 10,000 LPN's were included on the state's active practice license list as of 1978.

¹ However, both RN's and LPN's must be under the direction of a physician when executing the medical regimen (the course of treatment prescribed by a physician).

Structure

The Executive Reorganization Act (P.A. 77-614) added four public members to the seven existing nurse members of the board. All 11 members are appointed by the Governor and no member may serve more than two consecutive terms. Of the nurse members, two must be LPN's and five must be RN's, each with five years experience, three of which immediately precede appointment. The RN members additionally must include three RN's affiliated with a nursing education institution, two with Master's degrees in nursing, and one who is an LPN school instructor.

LPN's were not represented on the board until 1975 when the two present positions were added. Until 1977, the LPN members were permitted to vote only in matters pertaining to their peers.

Functions

Connecticut's Board of Examiners for Nursing has been responsible for overseeing the nursing profession since 1905. Currently, the board's regulatory role includes the following functions:

- advise and assist the Commissioner of Health Services in making regulations related to operation of the board and the practice of nursing;
- approve professional and practical nursing education programs offered in the state;
- administer state and federal nursing education financial aid funds;
- prescribe RN and LPN licensure examinations and supervise their administration by the Department of Health Services;
- decide on the qualifications of RN and LPN applicants for licensure through examination or endorsement; and
- conduct hearings and impose sanctions concerning charges of improper professional conduct involving either RN's or LPN's.

Requirements for Licensure

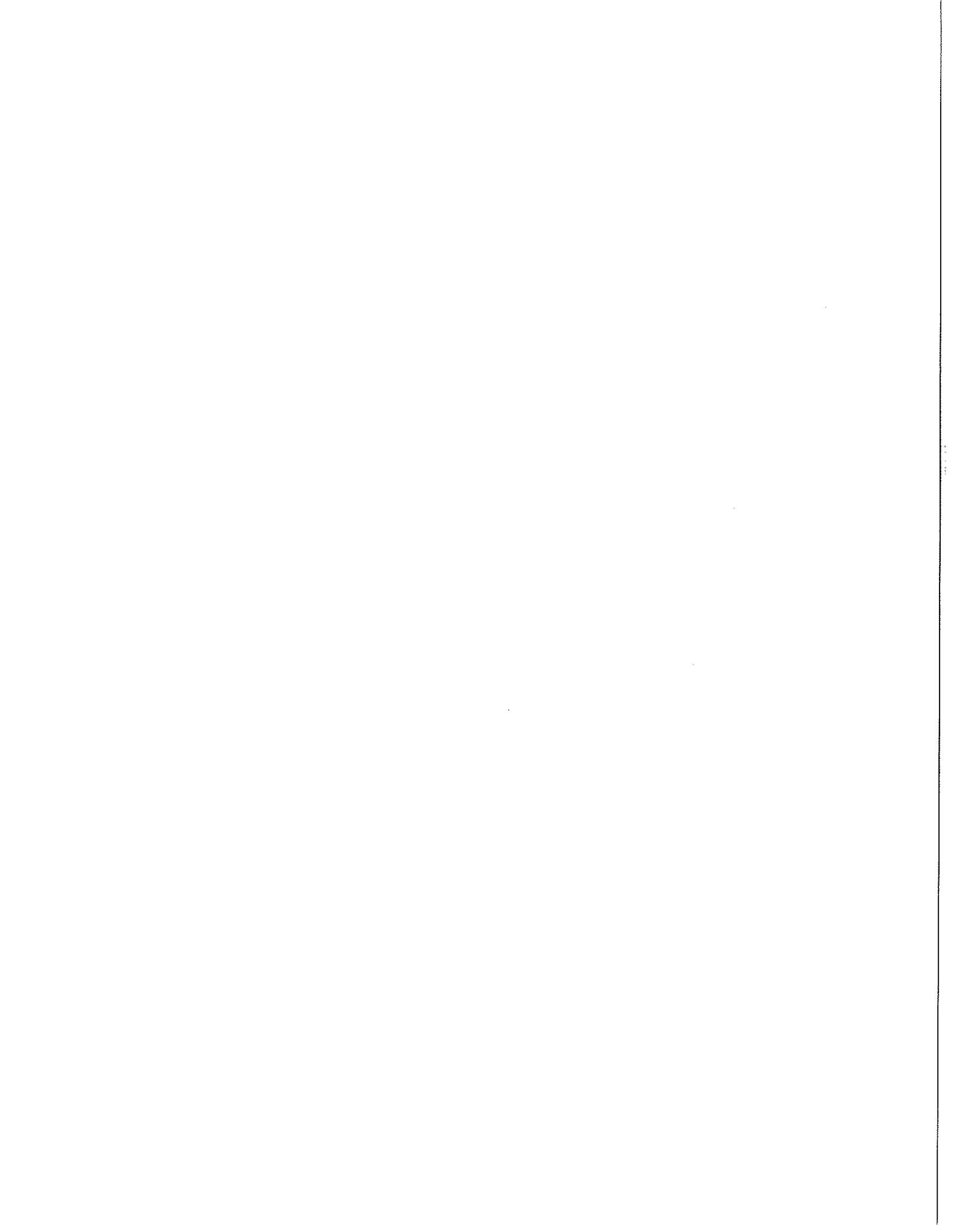
Both RN's and LPN's must be of good moral character, have completed an educational program approved by the board, and passed the prescribed examination before they can receive a license to practice in Connecticut. A license from another state with requirements equal to Connecticut's may be endorsed by the board in lieu of examination.

Three types of RN nursing education are currently approved by the board--the BSN (4-year baccalaureate degree) program, the ADN (2-year associate degree) program, and the diploma (hospital) school program. A 12-month vocational-technical school program with a hospital affiliation is the only type of educational program approved for LPN's.

Connecticut was among the first states to participate in the State Board Test Pool Examination (SBTP), a standardized nursing licensure examination available since 1944. All 50 States, the District of Columbia, Guam, and the Virgin Islands currently use SBTP exams for licensure of both RN's and LPN's.

SECTION II

RECOMMENDATIONS AND DISCUSSION



Recommendations for Regulation of Nursing (Chapter 387)

1. Continue license for registered nurses (RN).
2. Continue license for licensed practical nurses (LPN).

Licensure has been found to be the most appropriate and necessary level of regulation for profession (RN) and practical (LPN) nursing.

3. Continue the State Board of Examiners for Nursing.

Retention of this board as currently composed is necessary to provide professional expertise in the entry and enforcement functions of a nursing licensure program.

4. Amend Chapter 378 to include Model Legislation standards, procedures, responsibilities, appropriate repealed sections and all other relevant sections.

Model Legislation addresses and ameliorates previous and potential concerns about regulatory procedures and policies. By providing a single regulatory framework for all boards under the aegis of the Department of Health Services (DOHS), the Model Legislation insures consistency, objectivity and uniformity in the execution of regulatory functions. Specific areas of concern in nursing regulation and the solution offered by the Model Legislation are listed below.

- a. Powers and Duties of the Department of Health Services -

Professional board members and others expressed concern about the perceived unilateral control and authority by this single agency after Executive Reorganization. Model Legislation delineates the Commissioner's powers and duties relative to the regulatory boards and provides mechanisms for countervailing powers and board input where necessary.

- b. Powers and Duties of the Boards - Critics of the boards prior to Executive Reorganization maintained that they had too much authority and lacked a necessary system of checks and balances in their powers and duties. After Executive Reorganization, however, board members and other professionals in particular believed that the board's regulatory role was overly diluted and not clearly specified with respect to the Department of Health Services.

Model Legislation delineates the board's powers and duties and provides mechanisms to insure professional expertise and input where necessary.

- c. Business Practices - *The Committee found that regulation of business practices and statutory restrictions on business practices were not relevant to ensuring and enforcing minimum standards of competence. Such business practices are recommended for statutory repeal (See Model Legislation - Business Practices).*
- d. Entry Requirements - *The Committee found that the nursing statutes governing entry requirements contained certain qualifications not relevant to determining an applicant's competence. Such requirements --good moral character--are recommended for deletion.*

Model Legislation also provides for an intensive review and revision of entry requirements by the board and the Department of Health Services to bring them in conformance with the principles outlined in the Model Legislation and the current state of the art in the practice of nursing.

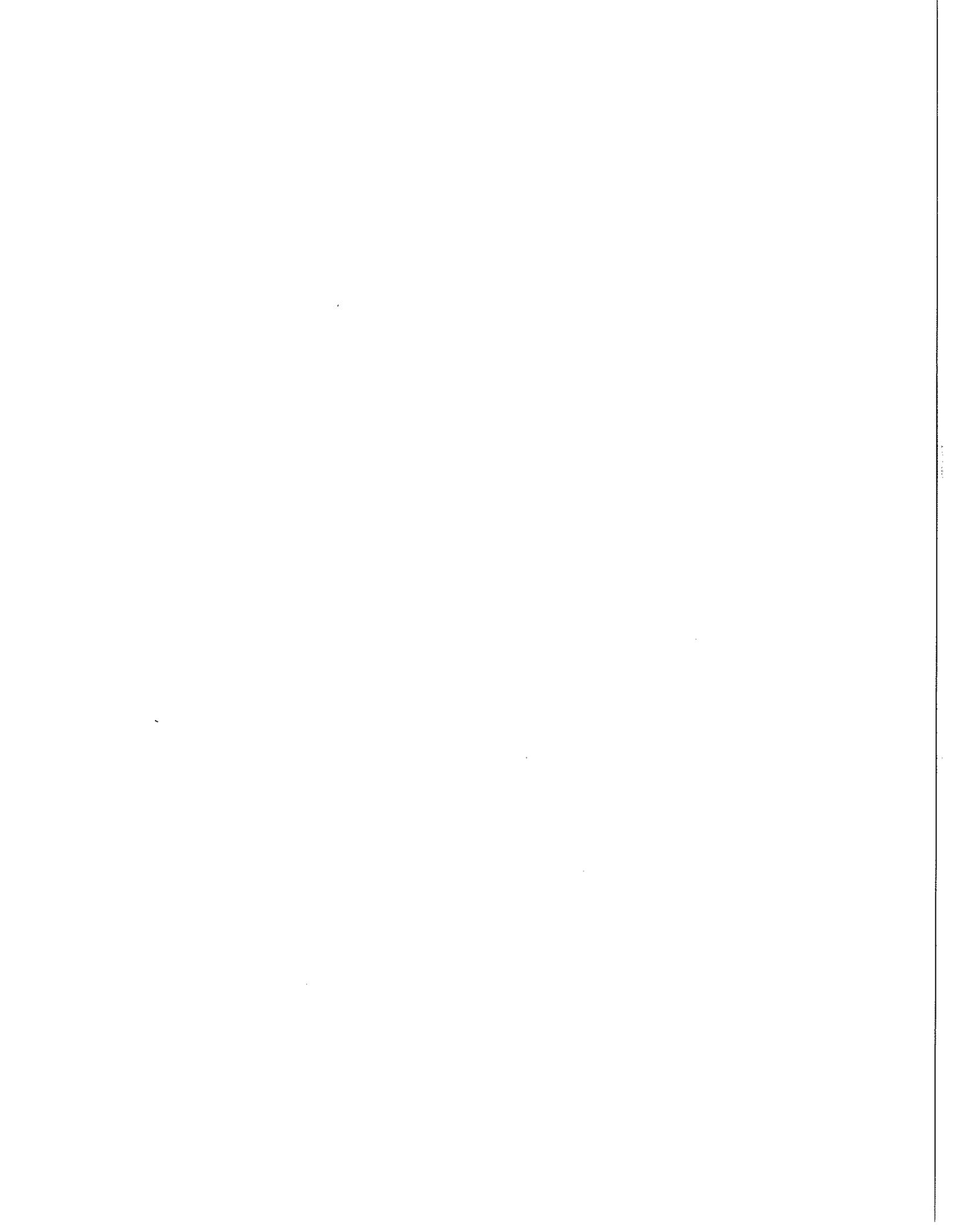
- e. Renewal Standards - *The Committee found that standards for licensure renewal required review and revision to bolster the enforcement of continued competence. Model Legislation (Required Reports) provides for such updating.*
- f. Grounds for Professional Discipline - *The Committee found a great variance among the statutes in this area. Model Legislation provides grounds for professional discipline which are focused on the delivery of service and quality of care rendered by the practitioner. Application of these grounds to all regulatory boards under the aegis of the DOHS insures a rational and uniform basis for peer review and imposition of disciplinary sanctions.*
- g. Receiving and Processing Complaints - *An area of considerable controversy, mechanisms for receiving and processing complaints in the Model Legislation are delineated to provide the professional board with necessary information and input at appropriate stages, while maintaining the separation of powers and duties necessary in this regulatory aspect.*
- h. Disciplinary Sanctions - *Model Legislation explicates a range of disciplinary sanctions and requires consistency and uniformity in their application.*

5. Direct the Nursing Board and the DOHS to:

- Study the issue of nurse practitioners
(in consultation with the Medical Board) and;

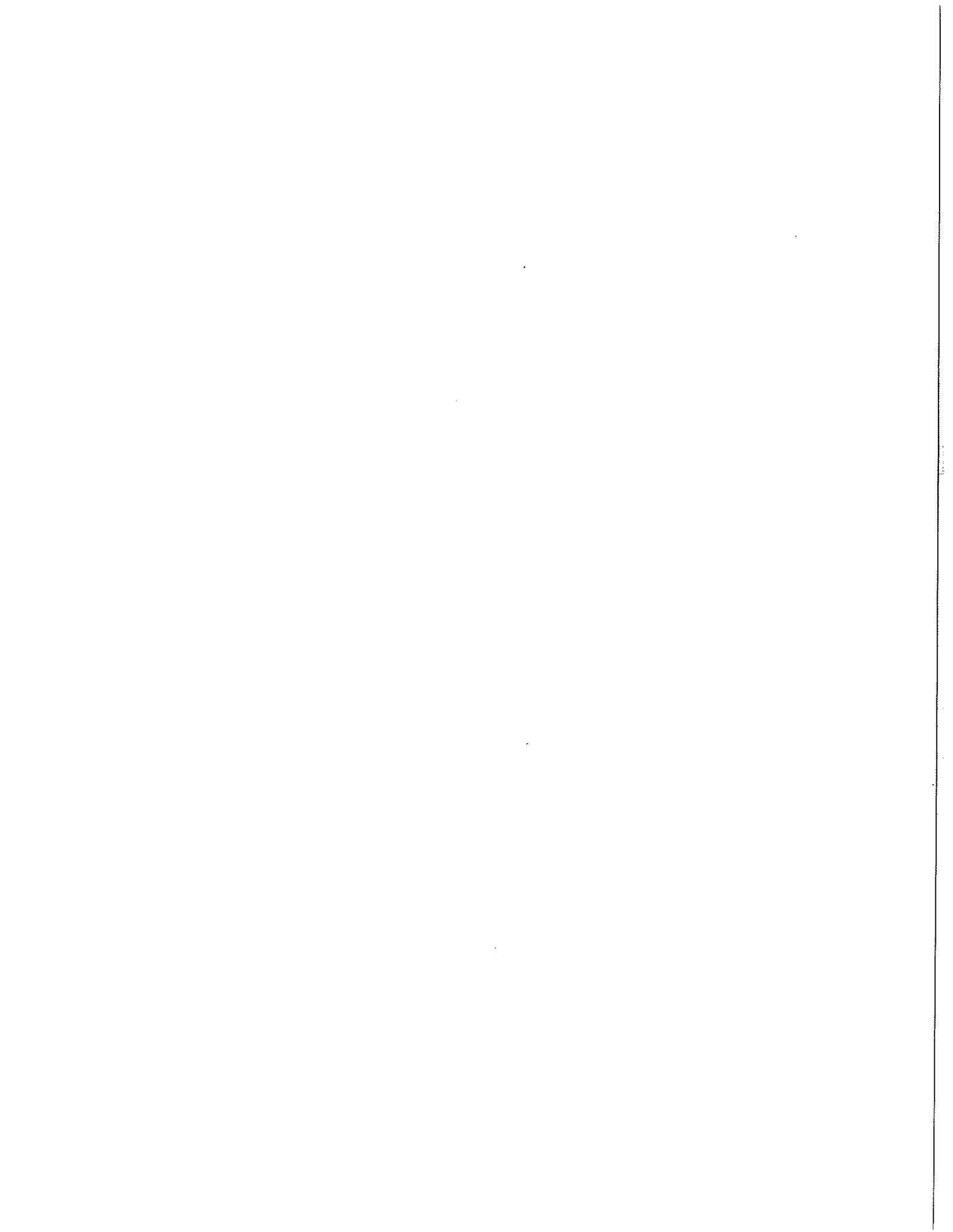
- Report recommendations to the Public Health Committee (during the 1981 legislative session) concerning qualifications necessary for nurses practicing in an expanded role, guidelines for physician collaboration, and the appropriate and least restrictive mechanism for regulation of nurses practicing in an expanded role (e.g., nurse practitioners, nurse clinicians, nurse specialists, nurse midwives, nurse anesthetists, etc.).

Public hearing testimony and Committee staff research revealed that the effective utilization of nurse practitioners (and other physician's trained assistants) is hindered by legal ambiguities in definitions and scope of practice. The complexities of the nurse practitioner issue could not be resolved satisfactorily during the 1979 Sunset process. The Legislative Program Review and Investigations Committee found that further study by health care professionals and the legislature is necessary to determine a consistent approach for regulating nurses who practice in an expanded role and other physician's trained assistants.



SECTION III

ENTITY DATA AND ANALYSIS



ENTITY DATA AND ANALYSIS

Section 2c-6 of Connecticut's Sunset Law mandates that the entity reviewed demonstrate a "public need for (its) reestablishment" and that "it has served the public interest and not merely the interests of the persons regulated." All boards, commissions and departments evaluated in Sunset Review 1980 received a questionnaire which addressed the nine statutorily specified Sunset criteria.

This questionnaire, the primary instrument used to evaluate the entity's "burden of proof," was followed by staff interviews with key board members and members of the professional associations for further clarification and amplification.

The following section contains the questionnaire sent to the Connecticut State Board of Examiners for Nursing. Where appropriate, Committee staff has edited the agency response without altering or diluting the argument. Committee staff then analysed the agency response. Because of the methodological constraints posed by Sunset evaluation and implementation of Executive Reorganization occurring simultaneously, manageable quantitative data were difficult to obtain. Qualitative analysis, based on relevant information and data derived from a variety of sources, was used primarily in the Committee staff comment. This annotation appears in italics below the agency response.

1. WOULD THE TERMINATION OF LICENSING REQUIREMENTS FOR YOUR PROFESSION SIGNIFICANTLY ENDANGER THE PUBLIC HEALTH, SAFETY, OR WELFARE? PLEASE EXPLAIN.

The public health and safety would be in grave danger if there were no mechanism for ensuring the competence of professional and practical nurses. The general public does not have the knowledge needed to differentiate safe from unsafe, effective from ineffective practice. Licensure is the mechanism through which the public is assured that the nurse completed an educational program that meets accepted standards and passed a national licensure examination. Without the safeguard of licensure, there would be no restrictions on the use of the title "nurse."

The board also stated in a cover letter to its survey response that:

"With the technicological advances in medical science patient care has become more complex requiring nurses to take increasing responsibility, perform highly skilled tasks and make many critical judgments based on extensive knowledge. Moreover, in order to make health care more accessible to all and to preserve health as well as restore it, nurses are assuming new roles and often functioning in areas where medical care is not readily available."

The committee staff concurs that the unregulated practice of nursing would endanger the public. The functions both RN's and LPN's perform require special skill and training to insure a minimum level of competence. RN's and LPN's also provide nursing care in a variety of settings (e.g. the community, private duty nursing, in hospitals, extended care facilities and clinics under direct or general supervision or under a physician's "standing orders") where they are primarily responsible for a patient's health and safety. All 50 states regulate the practice of nursing by RN's and LPN's through licensure.

2. COULD THE PUBLIC BE ADEQUATELY PROTECTED BY ANOTHER STATUTE, OFFICE, OR PROGRAM? IF SO, WHICH ONE(S)?

There is no other statute, office or program that could assume effectively the responsibilities of the Board of Examiners for Nursing. The knowledge and expertise of the nurse members of the board provide essential input into the decisions that must be made regarding standards for nursing education and practice. The Board of Examiners for Nursing is also the mechanism through which Connecticut

participates in the State Board Test Pool Examinations.[State] Board accreditation of schools of nursing is also essential for national accreditation [by the National League for Nursing].

The board added in its cover letter to the survey response that:

"The Board has maintained its independence from the professional organization and we feel that it is essential to continue this separation."; and

"...it is essential that the nursing profession continue to be regulated by a body comprised of knowledgeable nurses who understand the profession's potential for excellence as well as the dangers of incompetent practice. The addition of public members adds to this body another dimension and a new perspective that can increase the Board's understanding of the consumer's needs."

The Committee staff agrees that professional expertise is necessary in the development and enforcement of effective nursing standards. Every state has established and maintained a nursing board although in some states (New York, for example) boards primarily have an advisory role in regulation.

Connecticut's current regulatory structure provides for sharing of regulatory responsibility by the Department of Health Services and a nursing board comprised of RN's, LPN's and public members. Evidence indicates this is an efficient mechanism for regulating nursing in the public interest while providing necessary professional input.

3. COULD THE PUBLIC BE ADEQUATELY PROTECTED BY A LESS RESTRICTIVE METHOD OF REGULATION THAN THE CURRENT LICENSING REQUIREMENTS, SUCH AS CERTIFICATION OR REGISTRATION? PLEASE EXPLAIN.

The terms licensing and registration are used synonymously in relation to nurses. Simple registration without credentialing would not serve the purpose of protecting the public. The nursing profession at the national level is conducting a study of the entire credentialing process. At the present there is no data that provides a basis for altering the present system of licensure. The public would be in jeopardy if licensure were discontinued without first developing a more effective system.

The board also provided the following quote from a recent Florida Board of Examiners for Nursing report (prepared for that state's Sunset committee):

"...many of the problems handled by the Florida State Board of Nursing are life-threatening to patients and require immediate intervention. The high degree of independent judgment and personal integrity required of the nurse clearly indicate that individual licensure is the preferable means of insuring individual accountability in this critical area of health care delivery...."

Licensure is the only regulatory mechanism for insuring and enforcing a minimum level of competence. The scope and settings of nursing practice for both RN's and LPN's involve significant danger to the public health and safety. Practice should be restricted, therefore, to qualified individuals. Since licensing offers the greatest degree of public protection, it is the most appropriate level of regulation for both professional and practical nursing.

4. DOES YOUR BOARD OR COMMISSION HAVE THE EFFECT OF INCREASING THE COSTS OF GOODS OR SERVICES TO THE PUBLIC EITHER DIRECTLY OR INDIRECTLY? PLEASE EXPLAIN THE BASIS FOR YOUR ANSWER.

The Board's insistence upon minimum standards for licensure may in fact increase the cost of nursing services indirectly. However, eliminating the Board but retaining licensure would not decrease these costs.

5. IF YOUR BOARD HAS THE EFFECT OF INCREASING COSTS, IS THE ADDITIONAL COST JUSTIFIED THROUGH PUBLIC BENEFITS ATTRIBUTABLE TO THE ACTIONS OF THE BOARD? PLEASE EXPLAIN.

Since 1905, the Board of Examiners for Nursing has been responsible for the licensure of registered nurses and since 1935 for licensed practical nurses. During the years, the members of the Board have kept abreast of the developments and changes in health care and have taken the appropriate steps to promulgate minimum requirements for the educational programs for nurses that will be relevant and provide for safe, effective nursing care for the citizenry of the state. Any increase in costs that have been incurred for the sake of health and safety are justified and commensurate with current economic and labor trends.

6. IS THE EFFECTIVENESS OF YOUR BOARD OR COMMISSION HAMPERED BY EXISTING STATUTES, REGULATIONS OR POLICIES, INCLUDING BUDGET AND PERSONNEL POLICIES. IF SO, PLEASE BE SPECIFIC IN YOUR ANSWER.

- a. Under existing statutes the Board has no control over renewal of licenses. Therefore, it can propose no regulations assuring safe practice after the initial licensure.

The LPR&IC model legislation strengthens the renewal process for all licensed professions and addresses this concern.

- b. The Board has no budget so staffing is restricted by the total budget of the Department of Health Services, which is presently inadequate. There is no provision for adequate professional staff and no staff responsible to the Board.

This is a common concern among all boards. It is anticipated that when centralization of administrative functions by the Department of Health Services (under the Reorganization Act) is completed, problems associated with staffing shortages will be ameliorated.

- c. The fact that Public Act 77-641, Section 387, 13d, makes Board appointments co-terminous with the Governor could have serious and far reaching effects for preserving continuity of Board functions. Many of the matters with which the Board deals are complex and on-going and actions would be hampered if the Board is totally new and has no knowledge of precedent.

The Committee's model legislation provides for "staggered" terms and, therefore, addresses this concern.

- d. Section 388, Section 20-90, replaces the Educational Director with a representative of the Department of Health Services who shall be a registered nurse or a person experienced in the field of nursing. No other qualifications for either are identified. Also, Section 388, Section 20-90, takes away the authority to adopt rules and regulations. [Under provisions of the 1977 Executive Reorganization Act, the Commissioner of Health Services is responsible for promulgating all regulations, with the advice and assistance of the appropriate board.] This is a serious deletion of an important Board function. The Board should have the authority to adopt regulations as they relate and effect the Board functions. The administration of the Statute is based on this authority.

Committee staff concurs that professional expertise is essential for resolving questions of competency and quality of care. The committee's model legislation provides for input, advice and assistance by the board members in the areas cited.

7. WHAT STATUTES AND REGULATIONS IMPINGE DIRECTLY ON THE OPERATIONS OF YOUR BOARD? PLEASE LIST OR ATTACH COPIES.

Chapter 54; Practice Acts of other Professions, Public Health Code; Board of Higher Education; Freedom of Information Act, Right to Privacy Act; Board of Education; Department of Health Services, Division of Licensure and Registration.

8. TO WHAT EXTENT HAVE QUALIFIED APPLICANTS BEEN PERMITTED TO ENGAGE IN THE PROFESSION(S) OR OCCUPATION(S) LICENSED BY YOUR BOARD? PLEASE COMMENT ON WAITING PERIODS, DELAYS, PAPERWORK, ETC.

New graduate nurses and graduate practical nurses can practice under supervision from the time of graduation to receipt of scores on the State Board Test Pool Examination. It takes a little over two months from the date of examinations for candidates to receive results. Time for licensure by endorsement varies from a few days to many months with an average of three months depending upon the time it takes to get credentials from other states and from the applicants. This may require considerable correspondence in order to establish eligibility.

Connecticut's requirements for RN and LPN licensure--completion of an approved education program and passage of a national examination (the State Board Test Pool exams)--are consistent with other states. State participation in the exam, and the national trend toward uniform nursing education programs, facilitates interstate mobility of licensed nurses.

There is considerable professional controversy over education standards for entry level nursing. Some nurses favor mandatory completion of a baccalaureate nursing (BSN degree) program for RN licensure. Other professionals strongly oppose any movement to require a BSN degree or to phase out the declining diploma or hospital school nursing program (another approved type of education for RN licensure). The role and necessary training for LPN's is another controversy within the profession. As mentioned in board response #3, the American Nursing Association (ANA) is studying the credentialing of all nursing personnel.

9. WHAT ACTIONS HAS YOUR BOARD OR COMMISSION TAKEN TO INSURE COMPLIANCE WITH FEDERAL AND STATE AFFIRMATIVE ACTION POLICIES AND TO ENCOURAGE ACCESS BY WOMEN AND MINORITIES INTO YOUR PROFESSION?

Rules and Regulations state--Admission procedures for schools of nursing shall comply with all state regulations against discrimination. The statutes governing nursing were originally passed by the legislature in 1905. Minimum requirements for licensure as either a registered nurse or licensed practical nurse includes graduation from a state approved nursing education program meeting Board Rules and Regulations and achieving a minimum standard score on the State Board Test Pool Examination, which is used by every state in the United States, The District of Columbia, Guam and the Virgin Islands. Determination of eligibility of licensure is based on the foregoing and not on race, color, religious creed, sex, age, national origin or ancestry. A license may be denied or revoked if it is proven, after a hearing, that a physical disability prevents performance as a safe practitioner of nursing. The Board has been supportive of foreign nurse graduates and has conducted a survey of all states regarding requirements for nurses educated in Puerto Rico and countries outside of the United States. Our policies are consistent with the rest of the states as they relate to writing the State Board Test Pool Examinations for both Registered Nurses and Licensed Practical Nurses.

Nursing licenses granted by Puerto Rico are not endorsed by Connecticut because that territory does not subscribe to the State Board Test Pool (SBTP) exams. In addition, there are differences between nursing programs in Connecticut and Puerto Rico, although both may be nationally accredited (i.e., national accreditation does not require a nursing education program to include psychiatric nursing courses while educational approval by Connecticut, and other state boards, does require such courses). Nurses licensed in Puerto Rico, therefore, and applicants educated in foreign countries are required to take the SBTP exam in Connecticut. Most of these applicants fail the exam and some professionals attribute this to language barriers and differences in educational background. The state board and national nursing organizations (e.g. ANA) are reviewing this problem.

10. WITHIN THE PAST FIVE (5) YEARS, WHAT CHANGES IN STATUTE, RULES OR REGULATIONS HAS YOUR BOARD OR COMMISSION RECOMMENDED WHICH WOULD BENEFIT THE PUBLIC AS OPPOSED TO LICENSEES?

In 1975, this Board supported the changes in the Nurse Practice Act. This Act broadened the definition of nursing

to improve access to a broader scope of nursing services to a larger segment of the public. The change in the Nurse Practice Act also spells out areas of unprofessional conduct in order to make nurses more accountable for their practice. This also improves greatly the care to the consumer. The revised Rules and Regulations for schools of nursing discussed under No. 11 provide more detailed yet more flexible and relevant guidelines for educational programs that prepare professional and practical nurses. Improvement of educational programs benefits the public by providing better prepared nurses.

In 1977, the Board recommended that Public Act 77-614 be amended to give the Licensed Practical Nurse members of the Board an equal vote with all other members. This recommendation was accepted.

11. WHAT HAS YOUR BOARD OR COMMISSION DONE TO ENCOURAGE PUBLIC PARTICIPATION IN THE FORMULATION OF YOUR RULES, REGULATIONS AND POLICIES?

In August, 1974, the Board requested the Council of Deans and Directors of Schools of Nursing in Connecticut to form a committee to study and make recommendations regarding the current regulations governing conduct of schools of nursing in Connecticut. The revisions recommended by this committee were approved by the Council of Schools of Nursing and sent to the Board in February, 1975. The Board of Examiners of Nursing and the Advisory Committee studied the recommendations, revised them as needed and sent them to the Connecticut Law Journal where they were published in the March 29, 1977 issue in accordance with the provisions of Section 168(a) of the General Statutes. The public was free to request a public hearing to discuss the proposed changes. Such a hearing was held on June 20, 1977. Following this hearing changes were made by the Board. They are now being reviewed by the Attorney General in light of Public Act 77-614, which took effect January 1, 1979.

In November, 1975, the Board established an Advisory Committee to act as an advisory and recommending body to the Board. The committee meets with the Board at scheduled times each year to discuss and make recommendations concerning new or changes in existing educational programs, revision and updating of rules and regulations, legislative acts affecting delivery of health care and to provide general advisement as deemed necessary. The Advisory Committee includes representation from each of the following: Licensed Practical Nursing Program, Diploma Program,

Associate Degree Program, Baccalaureate Degree Program, Masters Degree Program, Hospital Nursing Service, Public Health Nursing Service, Connecticut Nurses' Association and Connecticut Practical Nurses' Association. Committee Members act as liaison and provide feedback from their constituents to the Board of Examiners for Nursing. In addition, all meetings of the Board are open to the public and all dates are posted in the Office of the Secretary of State.

12. WHAT HAS BEEN YOUR PROCESS THROUGH DECEMBER 31, 1978 TO RESOLVE PUBLIC COMPLAINTS CONCERNING PROFESSIONALS REGULATED BY YOUR BOARD OR COMMISSION?

The process is in accordance with Chapter 54, which includes receipt of a written complaint, investigation, compliance meeting, hearings before the Board and disciplinary action as indicated.

Informal complaints are handled by the Chief Nursing Examiner and the complainant is provided with information and advice.

All complaints are handled by the Chief Nursing Examiner and the Board is no way involved in the investigation and is advised of the complaint at the time of hearing. If individual board members have previous knowledge of the complaint, they withdraw from the hearing and decision-making session.

In its cover letter to the survey response, the Board added the following description of its complaint process:

"Complaints received by the Board Office have been investigated or referred to the appropriate State Agency. Complaints against nurses have been referred to this office by other State Agencies, other professionals, members of the public and employers of nurses. Telephone complaints are counselled by the professional staff and when written information is received are investigated. Decisions following a hearing on professional conduct, when appealed in Court, have not been overturned by the Judge."

Committee staff research substantiated this summary. During calendar year 1978, the board received and investigated 30 formal complaints, held 11 hearings, revoked or suspended 10 practitioner licenses and imposed three other disciplinary sanctions.

During interviews, both officers of the board and professional groups noted that the board takes its enforcement of practice standards role very seriously. The executive director of the Connecticut Nursing Association strongly supported the board's disciplinary function and explained that in nursing, state examining boards rather than professional associations have the primary responsibility for peer review. The CNA, for example, does not have a disciplinary mechanism analagous to the Connecticut Medical Society's (or the various county medical societies') formal, peer review procedure for resolving complaints against physicians.

13. WITHIN THE PAST FIVE (5) YEARS, WHAT STATUTES, RULES OR REGULATIONS HAS YOUR BOARD OR COMMISSION PROPOSED OR ADVOCATED TO PROTECT YOUR PROFESSION FROM THE LICENSURE OF UNQUALIFIED PERSONS?

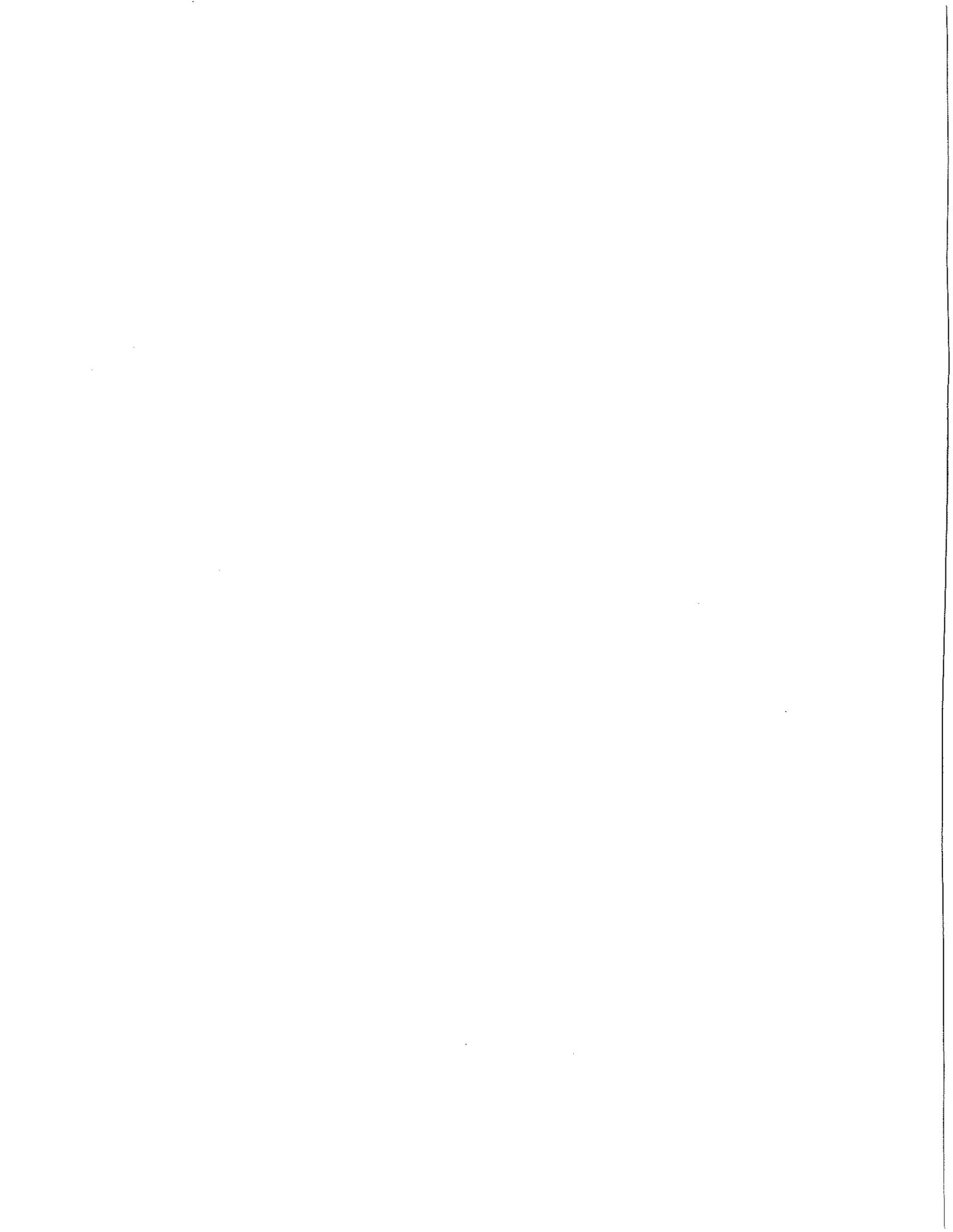
The Board has proposed that candidates who fail to achieve a passing score on licensing examinations on or before two years from the date of their first examination shall be required to enroll in and complete an appropriate educational program before being considered for readmission to the examination.

Other regulations to protect the profession from the licensure of unqualified persons were in effect prior to five years ago.

We do not protect the profession, we protect the public. All applicants for licensure must meet the minimum requirements in terms of education and scores on the State Board Test Pool Examination.

SECTION IV

APPENDIX



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Staff reviewed the following sources in addition to the information gathered from interviews, public hearings, special meetings, and the board and the Department of Health Services files.

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