

Regulatory Analysis Form		This space for use by IRRC 2021 NOV 14 PM 12:13 REVIEW SUBMISSION
(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing		IRRC Number: 2231
(2) I.D. Number (Governor's Office Use) 16A-5115		
(3) Short Title Oral Orders		
(4) PA Code Cite 49 Pa. Code, Chapter 21 Sections 21.14 and 21.145	(5) Agency Contacts & Telephone Numbers Primary Contact: Martha H. Brown, Counsel, 783-7200 Secondary Contact: Joyce McKeever, Deputy Chief Counsel, 783-7200	
(6) Type of Rulemaking (check one) <input checked="" type="checkbox"/> Proposed Rulemaking <input type="checkbox"/> Final Order Adopting Regulation <input type="checkbox"/> Final Order, Proposed Rulemaking Omitted	(7) Is a 120-Day Emergency Certification Attached? <input checked="" type="checkbox"/> No Yes: By the Attorney General Yes: By the Governor	
(8) Briefly explain the regulation in clear and nontechnical language. These proposed revisions amend 49 Pa. Code §21.145 to remove the restriction on the ability of a licensed practical nurse (LPN) to accept an oral prescription or order from a licensed practitioner in other than an urgent medical situation. The regulation also amends 49 Pa. Code §21.14, relating to the administration of drugs by professional nurses (RNs) to provide a cross-reference to the authority of the LPN to accept an oral order.		
(9) State the statutory authority for the regulation and any relevant state or federal court decisions. Section 2.1(k) of the Professional Nursing Law, Act of May 22, 1951, P.L. 317, <u>as amended</u> , 63 P.S. §212.1(k), and Section 17.6 of the Practical Nurse Law, Act of March 2, 1956, P.L. 1211, <u>as amended</u> , 63 P.S. §667.6, authorize the Board to establish rules and regulations for the practice of professional and practical nursing.		

Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

These regulations are not mandated by federal or state law, court order or federal regulations.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

The public has an interest in expedient, safe and competent nursing care. The amendment to the regulations would remove unnecessary restrictions on LPNs accepting oral orders and require the nurse to exercise professional judgment when accepting written or oral orders and in making a proper record of the order in the patient's medical record.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

Nonregulation would affect the public health and safety in that there would be a lack of standards to which nurses should adhere when accepting an oral order for medication or a medical regimen, which may put patients at risk of receiving inappropriate medication or dosage of medication.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

These proposed amendments would benefit consumers of nursing services. With regard to oral orders, nurses are the major caregivers in executing medical regimens prescribed or ordered for patients. These regulations would affect patients in all settings where a nurse executes an order or regimen. The settings include nursing homes, hospitals and home care. Patients will benefit from the regulations allowing the LPN to accept an oral order by reducing the delay in administering medications. Owing to the number of settings where LPNs practice, it is not possible to quantify the number of patients. The Board expects that this regulation will have the most beneficial effect for consumers in long term care settings.

Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

The Board is not aware of any person or groups who would be adversely affected by the regulations.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

All licensees of the Board, RNs and LPNs, will be required to comply with the regulations. There are approximately 188,218 RNs and 54,960 LPNs who possess current licenses.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

In accordance with Executive Order 1999-1, the Board sent a draft of this proposed rulemaking on December 12, 2000, to 27 nursing, health care, and professional associations which the Board has identified as interested parties or who have expressed an interest in this rulemaking and solicited their comments. The Board considered these comments at the February 9, 2001 meeting and made revisions to the draft as a result of those comments. A copy of the list of persons and groups who were involved is attached to this regulatory analysis form.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

It is not possible to provide a specific estimate of the costs or savings to the regulated community associated with complying with these regulations. Some savings may be expected from the removal of restrictions on LPNs to accept oral orders. Any savings would indirectly benefit the regulated community. Compliance should not involve any legal, accounting, or consulting procedures.

Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

Local government entities such as counties that provide health care services and employ nurses could realize an indirect savings. Because any such savings would be indirect, it is not possible to provide a specific estimate. This rulemaking will not involve any legal, accounting or consulting procedures.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

The Department and the State Board of Nursing will incur no costs to implement this regulation.

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A
Regulated Community						
Local Government						
State Government						
Total Savings						
COSTS:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

See paragraphs (17)-(19) above.

Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
N/A	N/A	N/A	N/A	N/A

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

No costs or adverse effects are anticipated to result from the regulations.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

The Board considered adopting a statement of policy or guidelines. These alternatives would not establish a standard of practice which would be required of all LPNs. Inasmuch as the standard is designed to ensure safe nursing care, these nonregulatory alternatives were rejected as acceptable alternatives.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No other regulatory schemes were considered because the Board's statutory authority is limited to establishing standards for nursing practice.

Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

The Board is not aware of any federal standards that relate to the issues addressed in this rulemaking.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

This rulemaking is consistent with the regulations and policies of other states and will not put Pennsylvania at a competitive disadvantage with other states. Of the six states surrounding the Commonwealth of Pennsylvania, Delaware, Maryland, New York, Ohio, and West Virginia permit LPNs to accept oral or verbal orders, with varying degrees of restrictions from the health care facilities in which LPNs may be employed. New Jersey, whose regulations do not currently address the issue, is currently considering draft rulemaking which would explicitly permit LPNs to accept verbal orders.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

Yes. These regulations bring the nursing regulations in harmony with Department of Health and Department of Public Welfare regulations. See 28 Pa. Code § 107.62, pertaining to general and special hospitals; 28 Pa. Code § 211.3, pertaining to long term care facilities; 28 Pa. Code § 555.12, pertaining to ambulatory surgical facilities; and 55 Pa. Code § 1249.52, pertaining to Medical Assistance reimbursement for home health agency services.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

An early draft of this proposed rulemaking was sent out for public comment in accordance with paragraph (16) above. The Board holds monthly meetings at which all information relative to this rulemaking will be discussed. Meetings are held in the Board's offices at 116-124 Pine Street, Harrisburg, Pennsylvania. A schedule of Board meeting dates is available from the Board administrator at 783-7143.

Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

No groups or persons with particular needs will be adversely affected by the proposed amendments, nor does the Board anticipate that any subset of nurses have any particular needs which must be addressed in these regulations.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulations will be effective on final publication in the Pennsylvania Bulletin.

(31) Provide the schedule for continual review of the regulation.

The proposed amendments have not been given a sunset date. The Board would regularly evaluate the effectiveness of the proposed amendments following their adoption as final rulemaking.

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REVIEW COMMISSION

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

2231

Copy below is hereby approved as to form and legality. Attorney General

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

Copy below is approved as to form and legality. Executive or Independent Agencies.

[Signature]
BY: _____
(DEPUTY ATTORNEY GENERAL)

State Board of Nursing

(AGENCY)

[Signature]
BY: _____

OCT 24 2001

DOCUMENT/FISCAL NOTE NO. 16A-5115

DATE OF APPROVAL

DATE OF ADOPTION:

8/22/01
DATE OF APPROVAL

BY: *[Signature]*
K. Stephen Anderson, CRNA

Deputy General Counsel
(Chief Counsel,
Independent Agency)
(Strike inapplicable title)

Chairperson
TITLE: _____
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

[] Check if applicable
Copy not approved.
Objections attached.

[] Check if applicable.
No Attorney General approval
or objection within 30 days
after submission.

NOTICE OF PROPOSED RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
49 Pa. CODE, CHAPTER 21
ORAL ORDERS

The State Board of Nursing (Board) proposes to amend its regulations governing the administration of medications by professional nurses (registered nurses or RNs) and licensed practical nurses (LPNs) at 49 Pa. Code §§ 21.14 and 21.145, respectively, as set forth in Annexes A and B.

A. Effective Date

The amendments will be effective upon publication of final form regulations in the Pennsylvania Bulletin.

B. Statutory Authority

The Board is authorized to establish rules and regulations for the practice of professional and practical nursing under Section 2.1(k) of the Professional Nursing Law (RN Law), 63 P.S. § 212.1(k), and Section 17.6 of the Practical Nurse Law (PN Law), 63 P.S. § 667.6.

C. Background and Purpose

The proposed amendments originated in the Board's review of its regulations under Executive Order 1996-1 of February 6, 1996, which directs executive agencies to evaluate existing regulations and amend and repeal regulations as necessary to comply with the order, and in response to requests from the regulated community. The proposal was generated by a request from the Pennsylvania Health Care Association which suggested that the Board consider removing language in 49 Pa. Code § 21.145 which prohibits an LPN from accepting an oral order except in urgent circumstances. In accordance with the Executive Order, a draft of this proposal was sent on December 12, 2000, to 27 agencies, associations, health care entities, and individuals who have been identified as interested parties or who have expressed an interest in this proposed rulemaking. The Board reviewed these comments at its meeting of February 9, 2001.

The Board seeks in these revisions to remove the prohibition in § 21.145(b) against an LPN accepting an oral order except in urgent circumstances, which the Board now regards as unnecessary and burdensome. The Board also seeks to update and clarify the language of § 21.14, which currently appears to limit the administration of medications to RNs only and limits the ability of an RN to accept orders from a practitioner other than a licensed doctor of the healing arts.

D. Description of Amendments

These revisions would make changes to two sections of the existing regulations.

§21.14 Administration of drugs

The current language of this section states that the administration of drugs is a function performed by an RN and may not be performed by anyone other than an RN and a nursing student or a graduate nurse supervised by an RN. The current language is unduly restrictive and appears to limit administration of drugs to RNs only, when, in fact, LPNs may also administer medications in accordance with § 21.145(b).

The Board also recognizes that other licensed health care practitioners are permitted to administer medications pursuant to law and proposes to amend the language of § 21.14(a) accordingly. Therefore, the proposal would also remove reference to "a licensed doctor of the healing arts" as the sole prescribers of drugs, to reflect the Board's desire that RNs and LPNs be permitted to accept orders from other practitioners with prescriptive authority who are not licensed doctors. These practitioners include certified registered nurse practitioners (CRNPs), who prescribe medical, therapeutic or corrective measures in collaboration with and under the direction of a physician (see 63 P.S. § 212 and § 422.15(b), 49 Pa. Code § 18.21 and § 21.251), and physician assistants (PAs), who prescribe and dispense drugs at the direction of a physician (see 63 P.S. § 422.13(f) and 49 Pa. Code § 18.158).

§ 21.145(b) Oral Orders and the LPN

Pennsylvania Health Care Association (PHCA), an organization representing more than 280 Pennsylvania long term care facilities, by letter of September 22, 1994, requested the Board to reconsider § 21.145(b). The Pennsylvania Medical Directors Association (PMDA), an organization of long term care physicians, by letter of October 11, 1994, supported the PHCA request and recommended that the Board remove any restriction that limits the authority of an LPN to receive an oral order. These organizations maintained that removing the restriction would enhance quality of care and eliminate delays in getting medication to a patient. PMDA maintained that the current practice in long term care facilities was for LPNs to receive oral orders.

The Board concurs in the need for regulatory relief with regard to the language of § 21.145. The Board notes that in long term care facilities with a census of 59 and under, an LPN may be the only licensed nurse on the premises during night shifts. See 28 Pa. Code § 211.12(f)(1). The prohibition against an LPN receiving an oral order when the LPN is the only nurse on the premises delays treatment. Even if an RN is on the premises, the RN may not be immediately available to receive the oral or telephone order and there will be a delay in treatment. Such delays cannot benefit the patient.

Current regulations pertaining to long term care facilities and general and special hospitals permit both RNs and LPNs to receive oral orders in varying circumstances. Regulations of the Department of Health pertaining to long term care facilities authorize "a registered nurse, physician or other individual authorized by appropriate statutes and the State Boards in the Bureau of Professional and Occupational Affairs" (regardless of whether the circumstances are urgent) to receive a telephone or oral order for medication from a physician. 28 Pa. Code § 211.3(a) (pertaining to oral and telephone orders). Regulations pertaining to general and special hospitals authorize both an RN and LPN to accept an oral order for medication or treatment "under urgent circumstances when it is impractical for the orders to be given in written manner by the responsible practitioner," and the medical staff bylaws specify the RN or LPN as personnel qualified to accept the oral order. 28 Pa. Code § 107.62 (pertaining to oral orders). Regulations pertaining to ambulatory surgical facilities authorize "personnel qualified by their professional license or certification issued by the Commonwealth and according to medical staff bylaws or rules" to accept oral orders "under urgent circumstances when it is impractical for the orders to be given in written manner by the responsible practitioner." 28 Pa. Code § 555.12 (pertaining to oral orders).

The Board does not encourage the use of oral orders, but wishes to remove unnecessary restrictions which may delay delivery of safe health care. To ensure that only an adequately instructed LPN will receive oral orders and make clear that the Board does not encourage any type of facility to unnecessarily broaden its use of oral orders, the Board proposes to add the requirements of § 21.145(b)(2)(ii)-(iv) such that an LPN may accept an oral order only if the LPN has been instructed in accepting oral orders in an educational program or in accordance with the policies and protocols of the facility and the policy of the facility and the regulations governing the facility permit an LPN to accept oral orders.

In October and November 1997, the Board solicited input from practical nursing education programs to determine the extent of LPN education in the area of pharmacology and the taking of oral orders. The Board found that practical nursing education programs in Pennsylvania gave instruction in pharmacology to practical nursing students which was the same as or similar to that received by professional nursing students. The instruction received by practical nursing students includes dose calculation, drug classification and usage, and drug information sources; drug administration; and critical thinking. Pharmacology is taught both as a separate subject and is integrated into other academic and clinical subjects. The Board concluded that LPNs currently receive adequate instruction in pharmacology and critical thinking skills to render the prohibition against the receipt of oral orders other than in urgent circumstances outdated and a barrier to the delivery of safe, timely health care.

The proposed rulemaking at § 21.145(b)(3) also would require an LPN to question any order which is not clear or perceived as unsafe or contraindicated and take action in accordance with standards of practice and consistent with the protocols or policies of the facility. The purpose of this provision is to put licensees on notice that a nurse has a duty to attempt to resolve situations in which

the nurse receives an apparently unclear, unsafe or contraindicated order, whether oral or written. In requiring an LPN to question unclear orders, the Board does not propose to grant the LPN a right, but rather would be codifying a professional obligation in the interest of patient safety. The obligation would not go beyond good nursing practice.

The Board declines to propose a single specific procedure for questioning an apparently unclear order. The particular situation itself may determine how an apparently unclear order might be clarified. Sometimes it might be necessary to contact the practitioner who issued the order. Sometimes an RN, director of nursing, pharmacist, or other responsible health care practitioner might be able to resolve the situation. A facility may well have a protocol or policy which reflects its own structure or needs.

Nothing in this provision suggests that anyone other than a physician will make the ultimate determination of whether an order is appropriate. It is the experience of the professional members of the Board that questions regarding orders can almost always be answered to the satisfaction of all parties, including the physician and nurse.

E. Fiscal Impact and Paperwork Requirements.

The amendments will have no fiscal impact and will not impose additional paperwork on the private sector, the general public and the Commonwealth and its political subdivisions

F. Sunset Date

The Board continuously monitors its regulations. Therefore, no sunset date has been assigned.

G. Regulatory Review

Under Section 5(a) of the Regulatory Review Act, the Act of June 30, 1989, P.L. 73, No. 19 (71 P.S. §§ 745.5(a)), the Board submitted a copy of this proposed regulation on November 14, 2001, to the Independent Regulatory Review Commission (IRRC), the House Professional Licensure Committee and the Senate Consumer Protection and Professional Licensure Committee. In addition to submitting the regulation, the Board has provided the Committees and the Commission with a copy of a detailed Regulatory Analysis Form prepared by the Board in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

Under Section 5(g) of the Regulatory Review Act, if IRRC has any objections to any portion of the proposed amendments, it will notify the Board within ten days of the close of the Committees' review period. The notification shall specify the regulatory review criteria which have not been met by that portion. The Regulatory Review Act specifies detailed procedures for review prior to final form publication of the regulations by the Board, the General Assembly and the Governor of objections raised.

H. Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed regulation to Martha Brown, Counsel, State Board of Nursing, P.O. Box 2649, Harrisburg, Pennsylvania 17105-2649 within thirty (30) days following publication for the proposed regulation in the Pennsylvania Bulletin. Please reference (16A-5115) Oral Orders when submitting comments.

K. STEPHEN ANDERSON, CRNA
Chairperson

ANNEX A

PENNSYLVANIA ADMINISTRATIVE CODE
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 21. STATE BOARD OF NURSING
SUBCHAPTER A. REGISTERED NURSES

RESPONSIBILITIES OF THE REGISTERED NURSE

§ 21.14. Administration of drugs.

(a) [Administering to a patient a drug ordered for that patient by a licensed doctor of the healing arts in the dosage prescribed is a procedure regulated by this section, and the function may not be performed by a person other than a licensed registered nurse, except that a licensed registered nurse, responsible for administering a drug, may supervise a nursing student in an approved program and a graduate nurse.] A licensed registered nurse or a licensed practical nurse who is acting in accordance with § 21.145(b) (relating to functions of the LPN) may administer a drug ordered for a patient in the dosage and manner prescribed.

(b) A licensed registered nurse, responsible for administering a drug, may supervise a graduate nurse or a nursing student in an approved nursing education program in the administration of the drug. In this section, [“supervision”] “supervise” means the licensed registered nurse is physically present in the area or unit where the student or unlicensed graduate is practicing. This definition [of “supervision”] is not intended to limit in any way the practice of practical nursing as defined in the Practical Nurse Law (63 P. S. §§ 651-667).

ANNEX B

**PENNSYLVANIA ADMINISTRATIVE CODE
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 21. STATE BOARD OF NURSING
SUBCHAPTER B. PRACTICAL NURSES**

GENERAL PROVISIONS

§ 21.145. Functions of the LPN.

* * *

(b) The LPN administers medication and carries out the therapeutic treatment prescribed or ordered for the patient in accordance with the following:

(1) The LPN [shall] may accept [only] a written prescription[s] or order[s] for medication and therapeutic treatment from [the] a [responsible] practitioner authorized by law and by facility policy to issue orders for medical and therapeutic measures. [for medication and therapeutic treatment unless the urgency of the medical circumstances requires immediate medication or therapeutic treatment.]

(2) The LPN may [not] accept an oral prescription or order if the following conditions are met:

(i) The practitioner issuing the oral order is authorized by law and by facility policy to issue oral orders for medical and therapeutic measures.

(ii) The LPN has received instruction and training in accepting an oral prescription or order in an approved nursing education program or has received instruction and training in accepting an oral prescription or order in accordance with

the established policies and protocols of the facility.

(iii) The policy of the facility permits an LPN to accept an oral prescription or order.

(iv) The regulations governing the facility permit an LPN to accept an oral prescription or order.

(3) The LPN shall question any prescription or order which is perceived as unsafe or contraindicated for the patient or which is not clear. If a prescription or order appears to be unclear, unsafe or contraindicated for the patient, the LPN shall raise the issue with the ordering practitioner or other responsible person consistent with the protocols or policies of the facility.

(4) The LPN may not accept an oral prescription or order [under this subsection] which is not within the scope of functions permitted by this [subsection] section or which the LPN does not understand.

(5) An oral prescription or order accepted by the LPN [under this subsection] shall be immediately transcribed by the LPN in the proper place on the medical record of the patient. The transcription shall include the [name of the physician giving the order] prescriber's name, the date, [and] the time of acceptance of the oral prescription or order and the full signature of the LPN accepting the oral prescription or order. [The countersignature of the physician shall be obtained in accordance with applicable regulations of the Department of Health governing the licensed facility.]

* * *



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
P.O. Box 2649
HARRISBURG, PA 17105-2649

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Email: nursing@pados.dos.state.pa.us

November 14, 2001

The Honorable John R. McGinley, Jr., Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Nursing
Oral Orders: 16A-5115

Dear Chairman McGinley:

Enclosed is a copy of a proposed rulemaking package of the State Board of Nursing pertaining to Oral Orders.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

K. Stephen Anderson, CRNA, Chairperson
State Board of Nursing

KSA/MHB:lm

Enclosure

c: John T. Henderson, Jr., Chief Counsel
Department of State
Albert H. Masland, Commissioner
Bureau of Professional and Occupational Affairs
Joyce McKeever, Deputy Chief Counsel
Department of State
Philip Zarone, Regulatory Counsel
Bureau of Professional and Occupational Affairs
Herbert Abramson, Senior Counsel in Charge
Bureau of Professional and Occupational Affairs
Martha H. Brown, Counsel
State Board of Nursing

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

REG-0111177

2001 NOV 14 PM 12:13

REGULATORY REVIEW COMMISSION

I.D. NUMBER: 16A-5115
 SUBJECT: State Board of Nursing - Oral Orders
 AGENCY: DEPARTMENT OF STATE

TYPE OF REGULATION

- X Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
 - a. With Revisions
 - b. Without Revisions

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
11-14-01	<i>Lou A. Clark</i>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
11/14/01	<i>Arnette Zuber</i>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
11/14/01	<i>St. Helbert</i>	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL
11/14/01	<i>David Alan</i>	LEGISLATIVE REFERENCE BUREAU