

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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Columbia
Official Code*

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To amend the District of Columbia Health Occupations Revision Act of 1985 to amend the definition of the practice of advanced practice registered nursing, to define the practice by nursing assistive personnel, to amend the definition of the practice of practical nursing, to amend the definition of the practice of registered nursing, to redefine the standards for the approval of nursing schools and programs, to establish the position of executive director for the Board of Nursing, and to provide for the registration of nursing assistive personnel in accordance with standards promulgated by the Mayor.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Practice of Nursing Amendment Act of 2009”.

Sec. 2. The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), is amended as follows:

(a) The table of contents is amended as follows:

(1) Strike the phrase “Sec. 608. Qualifications, certification.” and insert the phrase “Sec. 608. Qualifications, certification.[Repealed]” in its place.

(2) A new section designation is added to Title IX to read as follows:
“Sec. 907. Nursing assistive personnel.”.

(b) Section 102 (D.C. Official Code § 3-1201.02) is amended as follows:

(1) Paragraph (2) is amended to read as follows:

“(2) “Practice of advanced practice registered nursing” means the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing. The practice of advanced practice registered nursing includes:

“(A) Advanced assessment;

“(B) Medical diagnosis;

“(C) Prescribing;

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“(D) Selecting, administering, and dispensing therapeutic measures;
“(E) Treating alterations of the health status; and
“(F) Carrying out other functions identified in title VI and in accordance with procedures required by this act.”.

(2) A new paragraph (7B) is added to read as follows:

“(7B) “Practice by nursing assistive personnel” means the performance by unlicensed personnel of assigned patient care tasks that do not require professional skill or judgment within a health care, residential, or community support setting; provided, that the patient care tasks are performed under the general supervision of a licensed health care professional. Nursing assistive personnel includes:

“(A) Nursing assistants;
“(B) Health aides;
“(C) Home-health aides;
“(D) Nurse aides;
“(E) Trained medication employees;
“(F) Dialysis technicians; and
“(G) Any other profession as determined by the Mayor through rulemaking.”.

(3) Paragraph (15) is amended to read as follows:

“(15) “Practice of practical nursing” means the performance of specific nursing services, with or without compensation, designed to promote and maintain health, prevent illness and injury, and provide care based on standards established or recognized by the Board of Nursing; provided, that performance of the services is under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or other health care provider, as authorized by the Board of Nursing. The practice of practical nursing includes:

“(A) Collecting data on the health status of patients;
“(B) Evaluating a patient’s status and situation at hand;
“(C) Participating in the performance of ongoing comprehensive nursing assessment process;
“(D) Supporting ongoing data collection;
“(E) Planning nursing care episodes for patients with stable conditions;
“(F) Participating in the development and modification of the comprehensive plan of care for all types of patients;
“(G) Implementing appropriate aspects of the strategy of care within a patient-centered health care plan;
“(H) Participating in nursing care management through delegating to assistive personnel and assigning to other licensed practical nurses nursing interventions that may be performed by others and do not conflict with this act;
“(I) Maintaining safe and effective nursing care rendered directly or

indirectly;

“(J) Promoting a safe and therapeutic environment;

“(K) Participating in health teaching and counseling to promote, attain, and maintain optimum health levels of patients;

“(L) Serving as an advocate for patients by communicating and collaborating with other health care service personnel; and

“(M) Participating in the evaluation of patient responses to interventions.”.

(4) Paragraph (17) is amended to read as follows:

“(17) “Practice of registered nursing” means the performance of the full scope of nursing services, with or without compensation, designed to promote and maintain health, prevent illness and injury, and provide care to all patients in all settings based on standards established or recognized by the Board of Nursing. The practice of registered nursing includes:

“(A) Providing comprehensive nursing assessment of the health status of patients, individuals, families, and groups;

“(B) Addressing anticipated changes in a patient’s condition as well as emerging changes in a patient’s health status;

“(C) Recognizing alterations of previous physiologic patient conditions;

“(D) Synthesizing biological, psychological, spiritual, and social nursing diagnoses;

“(E) Planning nursing interventions and evaluating the need for different interventions and the need for communication and consultation with other health care team members;

“(F) Collaborating with health care team members to develop an integrated client-centered health care plan as well as providing direct and indirect nursing services of a therapeutic, preventive, and restorative nature in response to an assessment of the patient’s requirements;

“(G) Developing a strategy of nursing care for integration within the patient-centered health plan that establishes nursing diagnoses, sets goals to meet identified health care needs, determines nursing interventions, and implements nursing care through the execution of independent nursing strategies and regimens requested, ordered, or prescribed by authorized health care providers;

“(H) Performing services such as:

“(i) Counseling;

“(ii) Educating for safety, comfort, and personal hygiene;

“(iii) Preventing disease and injury; and

“(iv) Promoting the health of individuals, families, and communities;

“(I) Delegating and assigning interventions to implement a plan of care;

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“(J) Administering nursing services within a health care facility, including the delegation and supervision of direct nursing functions and the evaluation of the performance of these functions;

“(K) Delegating and assigning nursing interventions in the implementation of a plan of care along with evaluation of the delegated interventions;

“(L) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly as well as educating and training persons in the direct nursing care of patients;

“(M) Engaging in nursing research to improve methods of practice;

“(N) Managing, supervising, and evaluating the practice of nursing;

“(O) Teaching the theory and practice of nursing; and

“(P) Participating in the development of policies, procedures, and systems to support the patient.”.

(c) Section 204 (D.C. Official Code § 3-1202.04) is amended as follows:

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(1) Subsection (b) is amended to read as follows:

“(b)(1) The Board shall regulate the practice of advanced practice registered nursing, registered nursing, practical nursing, and nursing assistive personnel. Advanced practice registered nursing shall include the categories of nurse midwife, nurse anesthetist, nurse-practitioner, and clinical nurse specialist.

“(2) The Board shall recommend for promulgation by the Mayor curricula and standards required for the approval of nursing schools and nursing programs in the District of Columbia. At a minimum, the Board shall require that nursing schools and nursing programs be accredited by a Board-recognized national nursing accrediting agency. The Board may also recommend to the Mayor rules governing the procedures for withdrawing approval of nursing schools and nursing programs.”.

(2) A new subsection (f) is added to read as follows:

“(f) The Mayor shall appoint an executive director, who shall be a full-time employee of the District, to administer and implement the orders of the Board in accordance with this title and rules and regulations issued pursuant to this title.”.

(d) Section 504(m) (D.C. Official Code § 3-1205.04(m)) is amended to read as follows:

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§ 3-1205.04**

“(m) An individual applying for a license to practice practical nursing under this act shall establish to the satisfaction of the Board of Nursing that the individual has successfully completed an educational program in practical nursing that is approved by the Board or by a state board of nursing with standards substantially equivalent to the standards of the District of Columbia.”.

(e) Section 608 (D.C. Official Code § 3-1206.08) is repealed.

**Repeal
§ 3-1206.08**

(f) A new section 907 is added to read as follows:

“Sec. 907. Nursing assistive personnel.

“(a) Persons who are engaged as nursing assistive personnel in the District shall register with the Mayor, renew the registration as required by rule, and pay the required registration fee established by the Mayor.

“(b) The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules setting forth the standards of education and experience required to qualify as nursing assistive personnel.”.

Sec. 3. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 4. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia