

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES
HOUSE PROFESSIONAL LICENSURE COMMITTEE
Public Hearing re: House Bill 2715 and House Bill 2716

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Stenographic report of public hearing held at
Pennsylvania Convention Center
Room 102AB
Philadelphia, Pennsylvania
Wednesday, August 13, 2008, 2:00 p.m.

HONORABLE Michael Sturla, COMMITTEE MAJORITY CHAIRMAN
HONORABLE William Adolph, COMMITTEE MINORITY CHAIRMAN

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HONORABLE Susan C. Helm
HONORABLE John T. Yudichack
HONORABLE Craig A. Dally
HONORABLE Thomas Yewcic
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1 (Whereupon, the proceeding
2 commenced at approximately 2:00
3 p.m.)

4 CHAIRMAN STURLA: I would like to call
5 this meeting of the House of Professional
6 Licensure Committee Meeting to order.

7 I want to welcome everyone here to
8 Philadelphia, and we will be discussing House
9 Bill 2715 and House Bill 2716 today.

10 A couple of pieces of housekeeping.

11 We have some letters, here, to be
12 submitted for the record.

13 One is from the American Nurses
14 Association, one from the Pennsylvania Medical
15 Society, one from the Pennsylvania Academy of
16 Family Physicians and one from the Hospital
17 Association of Pennsylvania dealing with these
18 pieces of legislation. Those will be entered
19 into the record.

20 Before we get started, I'll allow the
21 members to introduce themselves. We'll start
22 down here to my right.

23 REPRESENTATIVE RAMALEY: Good afternoon;
24 Sean Ramaley, 16th District, Beaver and

1 Allegheny Counties.

2 REPRESENTATIVE HELM: Susan Helm; Dauphin
3 County.

4 CHAIRMAN ADOLPH: Bill Adolph, Chairman of
5 the Republican Chair Committee of Delaware
6 County.

7 CHAIRMAN STURLA: I'm Representative Mike
8 Sturla from Lancaster County; I chair the
9 Democratic side of the committee.

10 REPRESENTATIVE YUDICHAK: John Yudichak
11 from Luzerne County.

12 CHAIRMAN STURLA: All right. First on our
13 agenda is Betsy Snook, who is the chief
14 executive officer of the Pennsylvania State
15 Nurses Association.

16 MS. SNOOK: Good afternoon Chairman
17 Sturla, Chairman Adolph and members of the
18 Committee. My name is Betsy Snook and I am the
19 chief executive officer of the Pennsylvania
20 State Nurses Association, and I'm also a
21 registered nurse who has worked in the acute
22 adult care setting for over 25 years.

23 I am joined today by the president of
24 PSNA, Dr. Patrick Kenny, who will assist me in

1 answering any questions the Committee may have.

2 Dr. Kenny has been practicing and teaching
3 nursing for 34 years, and most recently held
4 the position of director of Nursing Education
5 and Research at Penn Presbyterian Hospital here
6 in Philadelphia.

7 As you know, PSNA is a statewide
8 membership organization representing the
9 professional interests of Pennsylvania's over
10 200,000 registered nurses.

11 It is our mission to advocate on behalf of
12 all professional nursing interests. And we are
13 here today to provide the Committee with the
14 background and information specific to House
15 Bills 2715 and 2716, legislation that was
16 introduced by Representative John Siptroth.

17 As you know, this legislation would
18 protect the use of the title "nurses" by
19 allowing only registered nurses or licensed
20 practical nurses to use or be identified by the
21 title "nurse" in the scope of their
22 professional duties.

23 House Bill 2715 amends the Professional
24 Nurse Law to protect the title "nurse," while

1 House Bill 2716 amends the Practical Nurse Law
2 to do the same.

3 In Pennsylvania, the specific titles,
4 "registered professional nurse" and "licensed
5 practical nurse" are protected by law.

6 However, there are unlicensed individuals
7 that may use the title "nurse" without any
8 sanction, thus giving rise to public safety
9 concerns and undermining the credibility of
10 licensed nurses.

11 Ensuring that the title "nurse" can only
12 be used by RNs and LPNs verifies the
13 educational preparation, competence and
14 licensure of these individuals and safeguards
15 our consumers, and your constituents, against
16 misinterpretation.

17 The purpose of professional licensing is
18 to protect the health, safety and welfare of
19 the public from fraudulent practitioners.
20 Licensure is commensurate with professional and
21 social accountability.

22 Licensees are held to a higher standard of
23 practice and are responsible for knowing and
24 adhering to associated statutes, rules and

1 regulations that require them to maintain
2 competence and safe practice.

3 The authority for nursing is also based on
4 a social contract between society and the
5 professions.

6 Under its terms, society grants the
7 professions authority over functions vital to
8 itself. In return, the professions are
9 expected to act responsibly, always mindful of
10 public trust.

11 The intent of protecting the title "nurse"
12 is to safeguard the public from individuals who
13 are not nurses, yet deceitfully or erroneously
14 lead the public to believe they are
15 professional or practical nurses possessing the
16 education and clinical expertise to provide
17 services that only licensed nurses are
18 qualified to provide.

19 Nursing practice is a scientific
20 discipline with a distinct body of specialized
21 knowledge, judgment and skill derived from
22 principles of basic and applied sciences and
23 standards of professional performance.

24 Patients that require nursing care have

1 the right to know and receive care provided by
2 a competent health care providers who have been
3 educated according to accepted standards.

4 Reserving the title "nurse" for those who
5 meet the legal licensure requirements assures
6 the public that they are receiving services
7 from legally qualified nurses.

8 We have witnessed, in fact, an increased
9 complexity in the health care delivery system
10 through a proliferation of titles and settings
11 in which health care is provided. The titles
12 and associated roles can be confusing, even for
13 other health care practitioners and providers.

14 In recent years, unlicensed personnel have
15 been used as substitutes for professional
16 nurses rather than in their appropriate roles
17 under the supervision of registered
18 professional nurses.

19 Additionally, the title has been used by
20 unlicensed personnel in a variety of settings:
21 physician's office medical assistants are
22 called the doctor's nurse. Nurse technician is
23 a term used for support staff in hospitals and
24 clinics, baby nurses for child care providers

1 in homes, and even the term "veterinary nurses"
2 in animal care settings.

3 Consumers deserve to be confident that
4 those individuals representing themselves as
5 nurses are either RNs or LPNs who meet the
6 educational and clinical requirements for
7 licensure.

8 Without regulating the use of titles, the
9 public is left with little protection.

10 Twenty-two other states have enacted
11 legislation that protects the title of nurse.

12 It is time for the Commonwealth to set the
13 same precedent in statute that fraudulent or
14 misleading use of the title "nurse," will not
15 be tolerated.

16 It's important to note that existing
17 titles containing the word nurse for unlicensed
18 personnel who assist RNs, such as nursing
19 assistants or nurse aides, are not affected by
20 these bills, and facilities should continue to
21 use them.

22 However, the unlawful use of the title
23 "nurse" should result in criminal, civil and/or
24 administrative actions against such persons.

1 Once again, I thank the Committee for
2 inviting us to provide comments on House Bills
3 2715 and 16, and I will gladly address any
4 questions that you may have at this time.

5 CHAIRMAN STURLA: Questions from the
6 members?

7 Chairman Adolph.

8 CHAIRMAN ADOLPH: Thank you, Mr. Chairman.
9 Thank you for your testimony.

10 I first want to ask Dr. Pat Kenny, what do
11 all those initials mean?

12 DR. KENNY: I am a doctor of nursing, I am
13 certified as a nurse administrator and
14 gerontological nursing and I'm an advanced
15 practical nurse in mental health nursing.

16 CHAIRMAN ADOLPH: You had the whole
17 alphabet, that is why I had to ask.

18 I guess my first question is, are you
19 receiving complaints about individuals posing
20 or misrepresenting the public as a nurse?

21 MS. SNOOK: We received actual complaints
22 from the nurses themselves, who go into their
23 physicians offices.

24 And I've had it happen to me, and I'm sure

1 many of you have, but have probably not known
2 to ask the question.

3 But the doctor may say to you, my nurse
4 will help you. Or they will say, the nurse
5 will take you in to see the doctor. And when
6 you ask that person if they are a nurse, they
7 will tell you, no, I'm a medical assistant.

8 And often times, they will do the same
9 thing if you take your animal to get care in a
10 veterinary hospital. They will get a
11 veterinary nurse to take care of you, when, in
12 fact, again, the person is just a technician.

13 CHAIRMAN ADOLPH: Okay.

14 DR. KENNY: One of the things that brought
15 this to our attention was several cases in New
16 York where they had the baby nurses and there
17 was a number of infants who died under the care
18 of an unlicensed personnel. That spurred New
19 York to pass a similar legislation.

20 And when we looked at it, we discovered,
21 even in Pennsylvania, we did not have title
22 protection. So, we thought it was important.

23 CHAIRMAN ADOLPH: Okay. For whatever this
24 means, I wanted to disclose that I am married

1 to a registered nurse who got her degree from
2 the University of Delaware.

3 MS. SNOOK: Good for you.

4 CHAIRMAN ADOLPH: Thank you.

5 MS. SNOOK: I am sure she would take issue
6 with this one.

7 CHAIRMAN ADOLPH: We talk about this a
8 lot. Thank you.

9 CHAIRMAN STURLA: Representative Yudichak.

10 REPRESENTATIVE YUDICHAK: Thank you, Mr.
11 Chairman.

12 First, thank you, nurse professions, for
13 an outstanding job.

14 I represent Luzerne County Community
15 College, which produces more nurses than any of
16 the colleges combined. So I appreciate the
17 work that you do. And I think it is the
18 largest professional segment in my legislative
19 district, is the nursing profession, and we
20 really appreciate the work that you do.

21 You mentioned a question on who might be
22 the person trying to abuse that title
23 profession. The penalties that you are looking
24 up for on that individual and, also, I want to

1 get into, if you can speak to the health care
2 provider, the proliferation that we've had in
3 health care provider in various settings, and
4 we have a nursing shortage that we still face.

5 So, that leads me to the health care
6 provider, and what punishment do you believe is
7 appropriate for them that they knowingly allow
8 someone to present themselves as a nurse, when he
9 or she may not have that education?

10 And I notice there is no mention about
11 furnishing nursing diplomas, that leads into
12 these diploma bills, that may be private
13 corporations, they may be institutions,
14 educational institutions; what do you think is
15 an appropriate penalty for these institutions
16 that may be providing fraudulent documentation
17 on nurse education?

18 DR. KENNY: I think that we have some
19 precedent in the State Board of Nursing already
20 working with individuals who were reported to
21 them for putting themselves out as registered
22 nurses or licensed practical nurses.

23 There is already stipulations within those
24 bills as someone who states that they are a

1 nurse or a registered nurse or an LPN who is
2 not licensed.

3 And I think those will find that
4 activities are already in place. That the
5 State Board could deal with those without
6 inventing another layer. That it would be the
7 same process. It could be the same penalty
8 sanctions starting with, you know, cease and
9 desist orders on up to -- or willful or
10 fraudulent use of the terms.

11 So, I don't think we need to get really
12 involved, because the precedent is there.

13 MS. SNOOK: It is also in our state
14 statutes, the information.

15 REPRESENTATIVE YUDICHAK: Thank you.

16 CHAIRMAN STURLA: Representative Dally.

17 REPRESENTATIVE DALLY: Thank you, Mr.
18 Chairman, and good afternoon.

19 Just so I'm clear, these bills are to
20 protect the term "nurse," so that anyone that
21 is not a licensed practical nurse or a
22 registered nurse is not calling -- referred to
23 as a nurse.

24 Is there a concern that there are those

1 that are being identified as nurses, that are
2 not either of those licensed professionals that
3 are providing care adjacent to what a nurse
4 does; is that what the concern is?

5 MS. SNOOK: Yes.

6 DR. KENNY: It is also the interaction
7 with the public.

8 Betsy mentioned in her testimony, my
9 physician's office has a PA who is very
10 identified as, you're seeing a PA.

11 However, when I get into the office, they
12 say, the nurse will be right with you. And
13 when I ask, what school did you go to; well,
14 they're a medical assistant or they're a
15 nursing assistant.

16 And I think there is a level of
17 expectation of what information that person is
18 going to give you, or the care that they are
19 going to give you, and they are not going to be
20 a nurse.

21 REPRESENTATIVE DALLY: So, a lot of it
22 would be liability, to perform the duties of a
23 licensed professional.

24 But I see that a lot of it has to do with

1 just the dialogue between that person and the
2 patient.

3 DR. KENNY: Yes.

4 REPRESENTATIVE DALLY: Thank you.

5 CHAIRMAN STURLA: I will point out that
6 Representative Dally and Representative Yewcic
7 has joined us since the start of the meeting.

8 I guess my question relates to, there is
9 other legislation out there that will require
10 all health care professionals or related
11 professionals, to wear a name and title badge.
12 Do we need this in order for people to have the
13 right tag, and then the question -- or does
14 that protect everybody, because you can't call
15 yourself a nurse unless you really are, or do
16 we need both?

17 Because the last time that I was in the
18 doctor's office, they, you know, said I had a
19 really bad cold, I need to see somebody and
20 they say, do you mind who it is? And I don't
21 care.

22 The one time I walk in, it's a CRNP, the
23 next time I walk in, it's a physician's
24 assistant, the next time I walk in it's the

1 doctor, the next time I walk in it's the, you
2 know -- there is 12 different people in that
3 office, and I really don't have a way to
4 distinguish one from the other.

5 DR. KENNY: And I think the public has
6 that viewpoint, also. They don't know who they
7 are seeing.

8 If you're in the hospital, everybody is
9 wearing scrubs of different color, you don't
10 know who is taking care of you often.

11 And I, personally, in my nursing facility
12 that I used to work at, even not say that they
13 are a nurse, you know, they call the nurse.

14 They call me doctor when I go into the
15 room and I correct them and say, I am a nurse,
16 even though I have a doctrine, which is very
17 confusing. But I want to be clear of who is
18 taking care of them.

19 And I think the name tag is one thing, but
20 more importantly, it is to represent yourself
21 for what credentials you have.

22 So, the name tag might help. I saw that
23 in the testimony, the letter from the Medical
24 Society. But I think it is more important for

1 the person providing that care, that
2 interaction to identify themselves.

3 MS. SNOOK: I don't think that we take any
4 issue with the name tags. We wear them all the
5 time. So I don't think that we take issue.

6 CHAIRMAN STURLA: So, if we had both of
7 these for legislation, one, only nurses would
8 be identifying themselves as nurses, but we
9 would be clearly identifying them, also?

10 DR. KENNY: New Jersey adopted that
11 legislation, probably, three or four years ago.

12 And it was not that long ago that
13 hospitals were not allowing people to wear name
14 tags and identifying the level of an RN, LPN,
15 because they didn't want you to know, the
16 public to know, that they didn't have X number
17 of category nurses.

18 CHAIRMAN STURLA: All right. Well, I hope
19 that you can stick around in case we have
20 questions.

21 DR. KENNY: Certainly. Thank you.

22 MS. SNOOK: Thank you very much.

23 CHAIRMAN STURLA: Thank you.

24 Next on the agenda is Susan Lowenberg of

1 the Christian Science Committee on Publication
2 for Pennsylvania.

3 And I will note that we've also been
4 joined by Representative Petrarca.

5 You can begin.

6 MS. LOWENBERG: Thank you, and good
7 afternoon Representative Sturla, again, and
8 Representative Adolph and the rest of the
9 Committee, the House Professional Licensure
10 Committee. I am very glad to be here.

11 And Dan Herr is on my right. Dan is our
12 counsel.

13 My name is Susan Lowenberg and I serve as
14 the Christian Science Committee on Publication
15 for Pennsylvania enabling lawmakers and
16 journalists to secure accurate information
17 regarding Christian Science.

18 Dan Herr, our counsel, is also present, as
19 I said.

20 I am here to speak in support of
21 amendments to House Bill 2715 and House Bill
22 2716.

23 The amendment language that you have
24 before you is the result of cooperative efforts

1 between my office and Pennsylvania State Nurses
2 Association.

3 It would allow Christian Science nurses to
4 identify themselves as Christian Science
5 nurses, so long as they disclose to patients
6 that they are not registered nurses or licensed
7 practical nurses.

8 These amendments are important, because
9 use of the term "Christian Science nurse" is
10 fundamental to the practice of Christian
11 Science.

12 In fact, the title is established in the
13 constitutional governing document of the
14 Christian Science church.

15 Thank you to each of the representatives
16 who took time to meet with us to discuss these
17 issues raised by this bill in the context of
18 Christian Science nursing.

19 In addition, I wish to express special
20 gratitude to the representatives of the PSNA
21 for their cooperation and willingness to work
22 with us to draft acceptable amendment language.

23 By enacting this amendment, Pennsylvania
24 will be joining nine other states that have

1 enacted statutory provisions that protect the
2 use of the term "nurse" while accommodating the
3 use of the term "Christian Science nurse."

4 Many jurisdictions outside the United
5 States, such as the United Kingdom and all of
6 the Australian States save one, have also
7 accommodated use of this title.

8 Christian Science is a prayer-based method
9 of healing that has been practiced in
10 Pennsylvania for over a century.

11 Christian Science nurses provide spiritual
12 support and physical care consistent with the
13 theology of Christian Science to individuals
14 who request their services and have chosen to
15 rely on prayer for healing instead of medical
16 care.

17 The term "Christian Science nurses" is
18 established in Article 8; Section 31 of the
19 constitutional governing document of the
20 Christian Science Church, which is known as the
21 Church Manual.

22 The practice of Christian Science nursing
23 and the use of the title "Christian Science
24 nurse" are, therefore, central to the practice

1 of Christian Science.

2 Pennsylvania law accommodates the practice
3 of Christian Science nursing, using language
4 that is very similar to the amendment language
5 under consideration today.

6 The amendment before you today make clear
7 that Christian Science nurse can use his or her
8 manual based title.

9 Christian Science nurses do not administer
10 medications or perform any form of medical
11 intervention or treatment. Christian Science
12 nurses only provide services to those who have
13 decided to pursue an entirely nonmedical,
14 spiritual approach to healing.

15 That is to say, the patient has decided
16 that he or she wants to rely on prayer instead
17 of medical care or treatment.

18 Patients who elect to receive Christian
19 Science services are, at all times, free to
20 choose the form of treatment that best meets
21 their needs.

22 If a patient receiving the services of a
23 Christian Science nurse decides that he or she
24 would prefer to have medical care, the

1 Christian Science nurse would help the
2 individual find an appropriate care provider
3 before ceasing to provide services.

4 I am especially grateful for everyone's
5 consideration of these amendments, because I
6 have had a personal, firsthand experience with
7 the benefits of Christian Science nursing care.

8 Earlier this year, a family member took a
9 fall in the middle of the night. It was the
10 expressed desire of this individual to rely on
11 prayer for healing in lieu of medical care, as
12 she had done successfully on so many occasions
13 in her life. She had stated this wish with the
14 health care proxy, a legal document for family
15 to follow.

16 After the fall, this family member
17 received spiritual, Bible-based prayer from a
18 Christian Science practitioner.

19 However, she also needed physical help
20 with her care during this time.

21 The in-home services of a Christian
22 Science nurse were obtained in order to provide
23 necessary care while the patient was praying
24 for healing.

1 The Christian Science nurse helped the
2 patient to use a walker, assisted with bathing,
3 helped her to dress and provided meals to the
4 patient.

5 Within a short period of time, the patient
6 was able to walk, and progressed by using a
7 walker to a cane.

8 This family member found full recovery and
9 is now living on her own, walking without the
10 use of any cane or walker, bathing herself,
11 driving her car, doing errands and cooking
12 meals.

13 The tender, loving, encouraging assistance
14 given to our family member by the Christian
15 Science nurse enabled the patient to find, once
16 again, the great and beautiful blessing of this
17 system of healing.

18 It is important for people like my family
19 member who wish to rely on prayer, rather than
20 medical care for healing, to have access to the
21 services of Christian Science nurses.

22 Our proposed amendment is in the best
23 interest of patients. It allows individuals to
24 have access to religious nonmedical care, while

1 requiring service providers to be clear with
2 patients about the services they are qualified
3 to provide.

4 I thank each of you for your consideration
5 of these amendments, and ask that you support
6 these during your voting session.

7 Thank you.

8 CHAIRMAN STURLA: Thank you.

9 Representative Helm.

10 REPRESENTATIVE HELM: I just have a
11 question about the amendment. You say,
12 personally, verbally; if it was verbally, how
13 would anybody know? And that word follows a
14 lot.

15 I would like you to explain how you would
16 like to put that verbally in.

17 MS. LOWENBERG: I think that it is simply
18 an attempt upon hiring a nurse, that there is
19 absolute clarification.

20 Now, if somebody is calling a Christian
21 Science nurse, it is safe to say, knows that
22 they are not going to be receiving medical
23 treatment, nor would the nurse be qualified to
24 provide that. That would be the part of the

1 nursing care.

2 I think there is a way to be very, very
3 clear, and simply say for the record, that I am
4 a Christian Science nurse, I am not a
5 registered nurse or a licensed nurse.

6 It is clarification; who is verifying that
7 language.

8 Does that help you?

9 REPRESENTATIVE HELM: Not wholly. In
10 today's world, it is not much of an agreement.

11 MS. LOWENBERG: Thank you. And we are
12 happy to work with you on that.

13 CHAIRMAN STURLA: Representative Adolph.

14 CHAIRMAN ADOLPH: Thank you, Mr. Chairman.

15 Thank you for your testimony, Susan.

16 You say in your testimony that you have
17 worked with the Pennsylvania Nurses Association
18 and they have agreed to this amendment; is that
19 correct?

20 MS. LOWENBERG: I would say that. I think
21 that we have tried to come to a mutual
22 understanding.

23 CHAIRMAN ADOLPH: Okay.

24 MS. LOWENBERG: If you know, we offered

1 language specific to our point. And I think
2 that after a very healthy discussions about
3 Christian Science nurses and the fact that, you
4 know, they are providing for in, you know, our
5 constitutional governing document, they are
6 also recognized by insurance companies as
7 Christian Science nurse and care.

8 And I think this was a way to come to an
9 agreement of what would be satisfactory
10 language.

11 CHAIRMAN ADOLPH: Okay. Susan, how many
12 -- are you able to put a handle on how many
13 Christian Science nurses are in the
14 Commonwealth of Pennsylvania for practicing,
15 for praying in the Commonwealth of
16 Pennsylvania?

17 MS. LOWENBERG: That is a wonderful
18 question. I could probably tell you how many
19 nurses reside in the state, but Christian
20 Science nurses will travel to care -- Christian
21 Science care facilities.

22 And those care facilities will not be in
23 the State of Pennsylvania, and they will travel
24 across, you know, state lines to provide these

1 services for patients.

2 So, giving you a number of Christian
3 Science nurses that actually reside in the
4 state, would not answer your question.

5 CHAIRMAN ADOLPH: Okay. Could you give me
6 the history why the word "nurse" was used to
7 begin with, Christian Science nurse, rather
8 than Christian Science companion or, you know
9 -- I know that there is a great need out there
10 for -- to assist individuals outside of the
11 professional licensed nurse or a registered
12 nurse out here. What is history; how did these
13 individuals become a Christian Science nurse;
14 and why the terminology "nurse," if there was
15 no medicine involved?

16 MR. HERR: I think it is from -- I see
17 that you have a copy of it. It was originally
18 copyrighted in 1895. This is it (indicating).

19 It is really a historical question of what
20 Mary Baker Eddy, who wrote the church manual,
21 had in mind.

22 At that time, at the end of the 19th
23 Century, the term "nurse," I'm sure, had a much
24 broader sense. It was not nearly defined the

1 profession that it has become.

2 So, I think she just used the term as you
3 just described, someone who could provide
4 health care of the kind that Sue's family
5 member needed when she was unable to get up and
6 take care of herself.

7 CHAIRMAN ADOLPH: And, doctor, did you
8 want to jump in?

9 DR. KENNY: And like you said, the title
10 "nurse" was permissive and license was not
11 mandatory until 1932. So there was many people
12 talking about nurses. They even thought that
13 Walt Whitman were nurses.

14 So, the term "nurses" was used for many,
15 many years. It wasn't until legislation in
16 Pennsylvania came in around 1932, that they
17 started to protect a registered nurse to get a
18 license.

19 So, there have been nurses around who are
20 not licensed.

21 CHAIRMAN ADOLPH: Okay. Thank you.

22 One final question. When someone needs a
23 Christian Science nurse, where do they find
24 such; are they in the directory or do you

1 contact a -- where do you find a Christian
2 Science nurse?

3 MS. LOWENBERG: There are a couple of
4 places to find a Christian Science nurse.
5 There is a directory, a monthly directory,
6 which is published by the Christian Science
7 Publishing Society entitled, The Christian
8 Science Journal, and the names of nurses are
9 listed in that document. Though you can
10 certainly call anyone in that publication.

11 The other way that people find Christian
12 Science nurses is to call a Christian Science
13 care facility. And they will tell the nurse,
14 and the care facility can recommend a nurse,
15 the names of people who would be available to
16 assist.

17 CHAIRMAN ADOLPH: Thank you very much.

18 CHAIRMAN STURLA: Representative Dally.

19 REPRESENTATIVE DALLY: Thank you, Mr.
20 Chairman.

21 Is there ever a situation in the practice
22 of Christian Science nursing home dealing --
23 that there is a combination of care, such as a
24 combination of Christian Science care, as well

1 as traditional medical care?

2 MS. LOWENBERG: If a patient decides to
3 have medical treatment, a Christian Science
4 nurse and a Christian Science practitioner
5 would certainly consider loving the patient by
6 turning that patient over fully, you know, to
7 the care of a physician, a licensed nurse, a
8 registered nurse.

9 We respect, highly, the profession of
10 caring for people. And that is the respect for
11 this profession.

12 REPRESENTATIVE DALLY: Some instances, it
13 is one or the other, you are saying?

14 MS. LOWENBERG: Correct.

15 REPRESENTATIVE DALLY: And that decision
16 is made by the patient and not the nurse?

17 MS. LOWENBERG: That is correct. That is
18 correct.

19 However, let me say this, if the nurse
20 became concerned about, say, a situation in the
21 home or perceived that the patient was, maybe,
22 feeling that they wanted to have medical
23 treatment, the nurse would be certainly there
24 to say, let's clear this up. Let's find the

1 right answer here. Let's make a decision.

2 REPRESENTATIVE DALLY: And what happens in
3 the case of a minor; does the nurse take
4 direction from the parents or -- how does that
5 work?

6 MS. LOWENBERG: A Christian Science nurse
7 would definitely take direction from a parent.

8 And let me, also, say that Christian
9 Science nurses are very, very aware of the
10 factors of reporting. So, very much aware of
11 that.

12 REPRESENTATIVE DALLY: Thank you very
13 much.

14 MS. LOWENBERG: Thank you.

15 CHAIRMAN STURLA: Questions from other
16 members; I got a couple of questions.

17 The term "Christian Science nurses" in
18 your constitution and amendment language, as I
19 understand, it says that they would have to
20 clearly identify themselves as a Christian
21 Science nurse; am I correct in understanding
22 that a Christian Science nurse, we wouldn't
23 have to worry about them trying to practice
24 medicine, because that being, basically,

1 against their religion to try and practice
2 medicine; is that correct?

3 MR. HERR: Yes.

4 CHAIRMAN STURLA: And, so, as long as
5 somebody is not falsely identifying themselves
6 as a Christian Science nurse, in which case
7 they would falsely identify themselves as a
8 medical nurse to practice medicine, we really
9 don't have a risk of a Christian Science nurse
10 trying to practice medicine?

11 MR. HERR: Correct.

12 CHAIRMAN STURLA: And now I guess the
13 other question. What does it take to qualify
14 to call yourself a Christian Science nurse?

15 And, assuming, one, you have to be a
16 Christian Scientist, and, secondly; do you have
17 to do any special training, or as long as you
18 are a Christian Scientist, can you say, I'm a
19 caring person, therefore, I am a Christian
20 Science nurse?

21 MR. HERR: To be listed in the directory,
22 we talked about the Christian Science Journal,
23 there is a course of study that is required,
24 and these care facilities, there is one in

1 Princeton and there is one in Alexandria,
2 Virginia. They are all over the country, the
3 Christian Science care facilities normally
4 where people go for training.

5 MS. LOWENBERG: And they have very special
6 training, you know, with people who wish to
7 become a Christian Science nurse.

8 CHAIRMAN STURLA: Okay.

9 MS. LOWENBERG: And they're very
10 extensive.

11 CHAIRMAN STURLA: And I'm assuming part of
12 that also gets into the distinction between a
13 Christian Science nurse and a medical nurse,
14 and where the line gets drawn, and who is doing
15 what and where.

16 Again, part of that has to do with the
17 religion in terms of what you believe to be
18 appropriate and not, also; is that correct?

19 MR. HERR: Yes. And there wouldn't be a
20 blurring of medical care and the care through
21 prayer, which is what the Christian Science
22 nurses support.

23 CHAIRMAN STURLA: Okay. All right. Thank
24 you.

1 MS. LOWENBERG: Thank you.

2 CHAIRMAN STURLA: Next on the agenda we
3 have Patty Knect, President of Pennsylvania
4 Association of Practical Nursing
5 Administrators.

6 MS. KNECT: Good afternoon Chairman
7 Sturla, Chairman Adolph and members of the
8 Committee. My name is Patty Knect, I am a
9 president of the Pennsylvania Association of
10 Practical Nursing Administrators. I am a
11 master's prepared registered nurse, and
12 currently the director of the Practical Nursing
13 Program at the Center for Arts and Technology
14 in Coatesville, Pennsylvania.

15 As a practicing RN of 28 years who has
16 focused on practical nursing education and
17 administration for the last two decades, I am
18 here today to provide background information
19 and answer questions from the Committee related
20 to House Bill 2715 and 2716, legislation
21 introduced by Representative John Siptroth.

22 PAPNA, for your information, is a
23 statewide membership association representing
24 the professional interests of Pennsylvania's

1 administrators of practical nursing programs.

2 A primary purpose of the association is to
3 serve as a resource to organizations regarding
4 the practice and education of practical nurses.

5 Since an organization of LPNs does not
6 currently exist in Pennsylvania, the PAPNA
7 Association plays a key role in supporting
8 activities that protect the interest of LPNs,
9 their job role and relationship with their RN
10 nursing colleagues. Safe, high quality patient
11 care is the overall goal.

12 As you probably are aware, the nursing
13 shortage no longer looms in the future, but,
14 instead, we are living it every day.

15 The Supply and Demand Report released by
16 the Pennsylvania Center for Health Careers in
17 2006, predicts a shortage of 16,000 RNs and
18 4100 LPNs by the year 2010.

19 In times of workforce shortages, it is
20 common for new ideas to emerge as problems are
21 complex, and quick solutions are often sought.

22 Consequently, bandaids are applied
23 quickly, and both the profession and the public
24 can suffer.

1 The legislation, as stated in House Bill
2 2715 and 2716, would protect the use of the
3 title "nurse" by allowing only a registered
4 nurse or a licensed practical nurse to use or
5 be identified by the title "nurse" in the scope
6 of their professional duties.

7 House Bill 2715 amends the Professional
8 Nurse Law to protect the title "nurse," while
9 House Bill 2716 amends the Practical Nurse Law
10 to do the same.

11 This legislation would prevent
12 profit-minded health care entities, amongst
13 others, from substituting minimally, or even
14 non-educated health care providers for licensed
15 nurses, unbeknownst to the public.

16 The major employment market of LPNs in
17 Pennsylvania is the continuing care setting
18 working primarily with the elderly, who are
19 often in a vulnerable state.

20 It is critical that the public is assured
21 that a nurse is represented by an individual
22 who has attended a state board of nursing
23 approved educational setting, successfully
24 passed the national licensing exam and holds a

1 valid nursing license.

2 This assures the rigor of the educational
3 process, both in theory and in clinical
4 practice.

5 In addition, the LPN is bound to adhere to
6 the rules and regulations contained in the
7 Pennsylvania Code Title 49, Chapter 21,
8 Subchapter B.

9 These rules and regulations are
10 promulgated and enacted with supporting
11 evidence and public and stakeholder comments.

12 As a result, the public is protected
13 against incompetent and possibly fraudulent
14 practitioners.

15 If the title "nurse" is not protected by
16 regulation, the public will lose a sense of
17 security and confidence in the nursing
18 profession.

19 Nurses are America's most honest and
20 ethical professionals, according to a recent
21 Gallup survey.

22 Nearly 80 percent of the annual poll's
23 participants ranked nurses very high, or high
24 for honesty and ethics. Nurses have been in

1 the winner's circle before. They have,
2 traditionally, ranked at or near the top of the
3 list of professionals that the public holds in
4 high regard.

5 In a time when the health care arena is
6 constantly changing and the health care
7 insurance is a heavy weight on the minds of all
8 Pennsylvanians, it is essential that titles
9 such as "nurse" continue to hold the same
10 meaning they have for several generations.

11 The intent to protect the title "nurse"
12 assures that the public is not erroneously led
13 to believe that a limited or untrained health
14 care worker is a nurse.

15 Thus, they are assured their care and
16 answers to their questions during times of
17 great stress, are addressed by a trained and
18 licensed professional.

19 The proliferation of unlicensed health
20 care providers in settings where the LPN is the
21 primary nursing professional, or was the
22 primary health care professional, is a trend in
23 some areas.

24 These changes are often budgetary in

1 nature.

2 Faculty throughout the Commonwealth
3 express their concern as they hear medical
4 assistants, patient care technicians and others
5 referred to as "the nurse."

6 This reference, unfortunately, is often
7 made not only by the lay public, but also by
8 health care colleagues.

9 Clear regulations, which include penalties
10 for utilizing the term "nurse," need to be
11 enacted.

12 This issue is heightened due to the
13 current and continued grim predictions related
14 to the nursing shortage.

15 Many solutions to the shortage and changes
16 in health care are on the horizon. The
17 protection of the title "nurse" will be one
18 step in assuring the solutions implemented are
19 based on evidence and provide for the safety of
20 the public.

21 I thank the Committee for inviting us to
22 provide comments on these House Bills, and I
23 will address any questions.

24 CHAIRMAN STURLA: Thank you.

1 Questions from Representative Dally.

2 REPRESENTATIVE DALLY: Thank you, Mr.

3 Chairman.

4 And I would like to present this to the
5 first witness.

6 Are there any other medical professionals
7 or dental professionals, that type of
8 profession?

9 MS. SNOOK: They are clinically
10 professionals.

11 REPRESENTATIVE DALLY: Just those two.

12 And --

13 MS. SNOOK: That's happened.

14 REPRESENTATIVE DALLY: Just recently?

15 MS. SNOOK: Yes.

16 REPRESENTATIVE DALLY: The term "doctor,"
17 is that title protection?

18 MS. SNOOK: They are working on it, okay?

19 REPRESENTATIVE DALLY: Okay. So those are
20 three; physical therapist, also?

21 MS. SNOOK: Um-hum.

22 REPRESENTATIVE DALLY: Thank you.

23 MS. SNOOK: Also, there is a practical
24 sense of certified public accountants. There

1 are other professions that are protecting the
2 title as well.

3 REPRESENTATIVE DALLY: It helps.

4 CHAIRMAN STURLA: Questions by any other
5 members; none?

6 Okay. Thank you.

7 MS. KNECT: Thank you.

8 CHAIRMAN STURLA: I will point out that we
9 have been joined by Representative Wansacz. I
10 wanted to identify him earlier.

11 And I guess what we will be doing is
12 taking a look at these two pieces of
13 legislation, and their future, and possibly
14 seeing how they relate to that name, and
15 identification tags, also, as a possible
16 connection there.

17 But this, obviously, can go forward
18 without the other piece. And I think that we
19 can look forward to doing some movement here.
20 I guess we can sit down and make sure we can
21 negotiate some sort of an agreement on the
22 eventual wording for Christian Science nurses
23 for both parties, and we will go from there.

24 Questions from Representative Dally.

1 REPRESENTATIVE DALLY: Sorry, Mr.

2 Chairman.

3 This has raised a question in my mind. My
4 wife is also a nurse.

5 The nurse specialists that are here, have
6 you come across a problem as far as name tags
7 go, or require them to have their first and
8 last name on them?

9 MS. SNOOK: My experience is that they are
10 now doing just first names only.

11 DR. KENNY: Full and last initial. Full
12 names if they want. There is a lot of options.

13 REPRESENTATIVE DALLY: And that is the
14 concern of my wife, to be identified as a last
15 name, only because, you know --

16 MS. LOWENBERG: I was in the facility for
17 over 30 years, and no one knew who I was, a
18 short term care facility. I made it very
19 clear --

20 REPRESENTATIVE DALLY: And I think some
21 sort of identification is very appropriate.
22 First name, last initial is probably best.

23 UNKNOWN WOMAN: We've done that in the
24 medical health nursing for a long time, use the

1 last initial. It protects the individual.

2 REPRESENTATIVE DALLY: Thank you very
3 much, Mr. Chairman.

4 CHAIRMAN STURLA: Just for the record,
5 could you identify yourself, please.

6 UNKNOWN WOMAN: I am a registered nurse,
7 RN, CSN, MSN.

8 CHAIRMAN STURLA: You didn't have a name
9 tag on, so I didn't know who you were.

10 Okay. With that, I guess we will continue
11 this discussion as we try and get this
12 legislation forward. And I thank you all for
13 coming today.

14 And the meeting is adjourned.

15 (Whereupon, the proceedings
16 concluded at approximately 2:52
17 p.m.)

18 (Whereupon, the following
19 testimony was stenographically
20 transcribed from submitted
21 letters from American Nurses
22 Association, Pennsylvania
23 Medical Society, Pennsylvania
24 Academy of Family Physicians and

1 Hospital Association of
2 Pennsylvania.)

3 Dear Distinguished Members of the Professional Licensure
4 Committee of Pennsylvania,

5 The American Nurses Association, representing the
6 interests of 2.9 million registered nurses, including those
7 members of the Pennsylvania State Nurses Association,
8 requests your support for Pennsylvania House Bills 2715 and
9 2716, both of which amend the Professional Nurse Law to
10 protect the title "nurse."

11 The intent of this legislation is to protect the
12 public from individuals who are not nurses, yet deceitfully
13 lead the public to believe they are nurses and able to
14 provide certain services that only nurses are qualified to
15 provide.

16 The legislative approach amending the state's
17 Professional Nurse Law would prohibit someone from using the
18 title "nurse" who is not licensed to practice nursing.

19 Nurse practice acts, as with Pennsylvania's
20 Professional Nurse Law, describe entry requirements,
21 practice standards and Codes of Conduct with the intent of
22 protecting the public against unethical, unscrupulous and
23 incompetent practitioners.

24 The regulation of nurses offers some assurance to

1 the public that a nurse is competent to provide services in
2 an effective and safe way.

3 ANA, as with several states believes, restricting
4 use of the title "nurse" to those who have satisfied the
5 licensure requirements ensures protection the public
6 deserves.

7 At least 22 states are known to have statutory
8 protections for the title "nurse" at this time and include:
9 Arizona, California, Colorado, Florida, Hawaii, Indiana,
10 Kentucky, Maryland, Minnesota, Missouri, New England,
11 Nevada, New Mexico, New York, North Carolina, North Dakota,
12 Rhode Island, South Carolina, Tennessee, Texas, Washington,
13 Wisconsin.

14 We greatly appreciate your consideration of this
15 most critical legislative protection for the residents of
16 Pennsylvania.

17 Sincerely, Mary Jean Schumann, MSN, MBA, RN, CPNP,
18 Chief Programs Officer.

19 Dear Representative Sturla,

20 Thank you for allowing the Pennsylvania Medical
21 Society to comment on House Bills 2715 and 2716, which are
22 the subject of a House Professional Licensure Committee
23 public hearing on August 13, 2008.

24 The purpose of these bills is to provide expanded

1 title protection to nurses by prohibiting non-nurse health
2 care providers from using the term "nurse" to describe
3 themselves.

4 From a patient safety perspective, these bills
5 make excellent sense. Health care providers have an
6 important responsibility to avoid patient confusion over the
7 title, qualifications and training of those who are
8 providing treatment.

9 Unfortunately, the problem is not limited to those
10 who may be misrepresenting themselves, intentionally or
11 unintentionally, as nurses.

12 For example, a patient has no way to know whether
13 a provider wearing a "Dr. Jones" nametag is a physician, a
14 doctor of chiropractic or a doctor of nursing.

15 In that vein, the committee should also consider
16 House Bill 2727, which would require all health care
17 providers to wear an identification badge containing the
18 provider's name, photograph, and license, certificate or
19 registration. This would quickly and easily eliminate any
20 confusion over the qualifications of those who care for our
21 citizens.

22 Make no mistake, House Bills 2715 and 2716 are a
23 positive, if modest start, and we support the bills.

24 However, we strongly believe that the Committee

1 should address the issue raised by the bills in a
2 comprehensive manner and pass House Bill 2727 at the same
3 time.

4 Thank you for your consideration.

5 Sincerely,

6 Peter S. Lund, MD, FACS President.

7 Dear Representative Sturla,

8 On behalf of the over 4700 members of the
9 Pennsylvania Academy of Family Physicians, I submit the
10 following for the public record in regards to the House
11 Professional Licensure Committee Hearing on House Bills 2715
12 and 2716, introduced by Representative John Siptroth.

13 Currently, under the Practical Nursing Law and the
14 Professional Nursing Law, statutory protection is provided
15 for specific titles and abbreviations that include the
16 following: "registered nurse," "RN," "practical nurse,"
17 "PN," "licensed practical nurse" and "LPN."

18 House Bills 2715 and 2716 would amend
19 Pennsylvania's Practical Nursing Law and Professional
20 Nursing Law, respectively, to add statutory protection for
21 general term "nurse."

22 The reason given for House Bills 2715 and 2716 is,
23 that some health care technicians and assistants, either
24 explicitly or implicitly, are representing to patients that

1 they are "nurses."

2 Our members certainly understand that this could
3 easily pose a threat to the public health and safety when a
4 patient may follow the clinical advice of a person that is
5 not educated, trained and licensed to dispense that advice.

6 Using the same policy rationale to support of
7 House Bills 2715 and 2716, the PAFP further requests the
8 House Professional Licensure Committee to consider
9 legislation that will assist patients in knowing what type
10 of clinician is treating them in health care settings across
11 the Commonwealth.

12 Specific to this point, in the Senate of
13 Pennsylvania, Senator Ted Erickson has introduced Senate
14 Bill 1435, which would provide for the Health Care
15 Practitioner Identification Badge Act.

16 And, most recently, Representative Thomas H.
17 Killion introduced an identical version in House Bill 2727.
18 This legislation would require that health care
19 practitioners wear name badges which identify and
20 differentiate one another, so that a patient can understand
21 who is treating them, what their level of training and
22 education may be and directly corresponding to the -- what
23 type of advice they are able to dispense to the patient.

24 The PAFP believes the latter legislation would

1 provide additional patient protections pursuing identical
2 policy reasoning.

3 Therefore, the PAFP is supportive of the basic
4 premise for both House Bills 2715 and 2716, in that patients
5 need to be informed and protected when individuals working
6 in a health care setting offer clinical advice.

7 We further believe that the House Professional
8 Licensure Committee should consider moving Health Care
9 Practitioner Identification Badge legislation in tandem with
10 House Bills 2715 and 2716.

11 On behalf of the PAFP, I thank you for your time
12 and consideration of this letter. If you have any questions
13 or concerns, please contact me at 814-868-9828, or our PAFP
14 vice president of Government Affairs, Andy Sandusky at
15 717-571-6647.

16 Sincerely,

17 Bradley P. Fox, MD (Erie), PAFP president.

18 The Hospital and Health System Association of Pennsylvania
19 represents and advocates for more than 250 hospitals and
20 health systems in the Commonwealth, as well as the patients
21 and the communities they serve. We appreciate the
22 opportunity to express our view and lend support to
23 Representative Siptroth's bills, House Bill 2715 and House
24 Bill 2716.

1 The word "nurse" dates back to early history
2 emanating from the Latin word "Nutrire," meaning "to
3 nourish."

4 Women were expected to care for their families,
5 tribes and, eventually, those outside of the home.

6 In the nurturing of family, human beings of both
7 sexes have a natural tendency to respond to helplessness or
8 a threat to life from disease or injury as espoused by
9 Donahue in her 996, "Nursing: The Finest Art."

10 Today, nursing is comprised of, both, men and
11 women dedicated to meeting the needs of society based on
12 society's needs for such a service. This is known as
13 nursing's social contract.

14 Nurses first assisted physicians in home care of
15 the sick, and were generally trained by the physician.
16 Families hired private duty nurses for follow-up care.

17 As hospitals evolved into centers for care, so,
18 also, did the need for educated nurses, even though there
19 were variable educational standards in the early training
20 programs.

21 The respect for the profession of nursing, as we
22 know it today, was launched by Florence Nightingale when she
23 professionalized the training for nurses.

24 It is important to note that nursing is not static

1 as a profession and continues to grow and evolve to meet
2 societal needs in the 21st Century.

3 The first registries of nurses were developed to
4 provide the public and hospitals access to those nurses who
5 were graduates of training programs. What began as a
6 listing of available nurses, was carried forward in the
7 passage of the first statute to recognize nurses and to
8 protect the title "registered nurse" or RN.

9 Even today, that title is protected by law, albeit
10 a misnomer for the professional nurse. Protection also is
11 provided for the title "licensed practical nurse" or "LPN."

12 Whether people who are not licensed as registered
13 or practical nurses may refer to themselves as "nurses,"
14 depends on statute.

15 There is no prohibition or penalty in Pennsylvania
16 for using the title "nurse."

17 In the first nursing statute, Act 203 of 1909, the
18 act allowed for nursing for hire as long as the person did
19 not claim to be a registered nurse.

20 Examination conducted by the Board of Nurse
21 Examiners of nurses who graduated from training schools
22 began in 1910.

23 Thereafter, all nurses applying for a certificate
24 from the Board of Nurse Examiners had to pass an examination

1 based on practical and theoretical instruction in medical
2 and surgical nursing.

3 Today's nurse, whether a registered or practical
4 nurse, graduates from a nursing program that prepares them
5 to work in various care environments.

6 Then International Council of Nurses revised, in
7 1998 statement, on Protection of the title "nurse" in 2004.
8 ICN recognized the need to protect the word "nurse" from
9 abuse from those claiming to be nurses without appropriate
10 education and licensure, and the public from fraudulent
11 claims by individuals not licensed to practice the full
12 scope of nursing.

13 The American Nurses Association also supports
14 legislative efforts to protect the title "nurse." As nurses
15 now represent many specialties, the issue has arisen whether
16 nurse practice acts reflect protection of the title, as well
17 as the educational requirements, ethical codes, and
18 oversight by a professional board.

19 Pennsylvania's practice acts do not protect the
20 public from anyone calling themselves a nurse. The public
21 that nurses serve, has been conditioned to expect the
22 credentials RN or LPN as formal recognition by the state.

23 If someone calls themselves a nurse, the public,
24 as a result of the nurses' social contract, expects a level

1 of knowledge and aptitude for nursing assessment, action and
2 follow-up care for the potentially ill, ill, chronically ill
3 or recovering patient.

4 Therefore, the word "nurse," as differentiated
5 from RN or LPN, deserves statutory protection to assure
6 public confidence in care received from individuals claiming
7 to be nurses.

8 It is important to note, however, that this
9 protection should not eliminate the commonly accepted
10 practice of defining assistants to nursing professionals as
11 "nursing assistants" or "nurse aides."

12 There is public recognition of nursing assistants
13 and nurse aides who work in an assistive fashion to
14 professional nurses, an RN or LPN in hospitals, nursing
15 homes and home health care.

16 The Department of Health maintains an
17 Internet-accessible roster of nurse aides. Clarification
18 may be needed to assure that the word "nurse" can be used in
19 conjunction with terminology that clearly identifies
20 assistive personnel.

21 In addition, it should be noted that Pennsylvania
22 hospitals are required by Department of Health regulations
23 to verify the licensure of individuals hired as RNs or LPNs.

24 Nursing staff qualifications: Persons employed

1 and classified as registered professional nurses or licensed
2 practical nurses shall be licensed to practice in this
3 Commonwealth. There shall be a procedure to verify the
4 licensure status of all such nurses.

5 Further, to help the public recognize and
6 understand the qualifications of caregivers, hospitals are
7 currently required to have all personnel identified by a
8 regulation that states:

9 A. When working in a health care facility and when
10 clinically feasible, the following individuals shall wear an
11 identification tag which displays that person's name and
12 professional designation:

13 1. Health care practitioners licensed or certified
14 by Commonwealth agencies.

15 2. Health care providers employed by health care
16 facilities.

17 B. The identification tag shall include the
18 individual's full name. Abbreviated professional
19 designations may be used only when the designation indicates
20 licensure or certification by a Commonwealth agency,
21 otherwise the full title shall be printed on the tag.

22 C. The last name of the individual may be omitted
23 or concealed when treating patients who exhibit symptoms of
24 irrationality or violence.

1 In response to comments that medical facilities
2 use the word "nurse" inappropriately, it should be noted
3 that Pennsylvania hospitals adhere to the above requirements
4 of the Department of Health to use appropriate personnel
5 titles and to use designations and abbreviations as licensed
6 or certified by Commonwealth agencies.

7 Therefore, the title "nurse" could not and would
8 not be used as this is not reflective of a designation
9 allowed under state law.

10 Pennsylvania hospitals and health systems would
11 not support any health care facility or other entity using
12 the word "nurse" to identify staff without the appropriate
13 designations as a registered nurse, a licensed practical
14 nurse, a clinical nurse specialist, a certified registered
15 nurse practitioner, or nurse midwife, or without clearly
16 identifying the individual as a person assisting a
17 professional nurse, such as a nursing assistant or nurse
18 aide.

19 Professional nurses represent the largest group of
20 health care workers in hospitals and health systems.

21 Professional nurses care for patients and are there when
22 life begins, when life is threatened, when life is saved,
23 and when life ends. People count on professional nurses
24 being there to care for them or their loved ones.

1 HAP appreciates the opportunity to present the
2 views of hospitals and health systems on House Bill 2715 and
3 House Bill 2716.

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C E R T I F I C A T E

I, RENEE HELMAR, a Shorthand Reporter, and Notary Public, certify that the foregoing is a true and accurate transcript of the proceedings which were held at the time, place and on the date herein before set forth.

I further certify that I am neither attorney, nor counsel for, nor related to or employed by, any of the parties to the action in which these proceedings were taken, and further that I am not a relative or employee of any attorney or counsel employed in this action, nor am I financially interested in this case.

Renee Helmar

Shorthand Reporter