1953

The evolution of the 1952 nursing practice act in the state of Rhode Island and Providence plantations.

Kelleher, Margaret C

Boston University

http://hdl.handle.net/2144/11306

Boston University
THE EVOLUTION OF THE 1952 NURSING PRACTICE ACT IN THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Submitted by
Margaret C. Kelleher
(B.S. in Education, Boston University, 1943)

Rita V. Kelleher
(B.S. in Nursing Education, Boston University, 1950)

A Thesis
Presented to the Faculty of the School of Nursing
Boston University

In Partial Fulfillment of the Requirements for the Degree
Master of Science in Nursing Education
August, 1953

First Reader: [Signature]
Second Reader: [Signature]
Third Reader: [Signature]
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>4</td>
</tr>
<tr>
<td>Scope of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>6</td>
</tr>
<tr>
<td>Sources of Data</td>
<td>6</td>
</tr>
<tr>
<td>Design of Study</td>
<td>7</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>8</td>
</tr>
<tr>
<td>II. HISTORICAL DEVELOPMENT OF NURSING LEGISLATION IN RHODE ISLAND</td>
<td>12</td>
</tr>
<tr>
<td>Philosophy Underlying Legal Control of Nursing</td>
<td>12</td>
</tr>
<tr>
<td>History of Nursing Legislation in Rhode Island</td>
<td>14</td>
</tr>
<tr>
<td>1904 - 1905</td>
<td>14</td>
</tr>
<tr>
<td>1906 - 1911</td>
<td>23</td>
</tr>
<tr>
<td>1912</td>
<td>25</td>
</tr>
<tr>
<td>1914 - 1920</td>
<td>28</td>
</tr>
<tr>
<td>1935</td>
<td>29</td>
</tr>
<tr>
<td>1943 - 1947</td>
<td>37</td>
</tr>
<tr>
<td>1949</td>
<td>40</td>
</tr>
</tbody>
</table>
CHAPTER

III. LEGAL CONTROL IN NURSING IN RHODE ISLAND

FROM 1948 - 1952 ......................................... 43

IV. THE PREPARATION OF AN AMENDED NURSING BILL

BY THE RHODE ISLAND STATE NURSES' ASSOCIATION ......................................... 55

The Rhode Island State Nurses' Association Voted to Amend the Nursing Practice Act ................. 56

The Organization of the Rhode Island State Nurses' Association for the Conduct of Its Legislative Program .................. 59

Review of Activities of Committee and Subcommittee on Legislation .................. 59

Development of Proposed Nursing Practice Act .................................................. 62

Board of Nurse Registration and Nursing Education and Committee of Consultants .................. 64

Qualifications of Applicants for Licensure as a Registered Nurse .................. 76

Provisions for Temporary Licenses .................. 77

Renewal of License .................. 80

Disposition of Funds Collected for Licensure .................. 81
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools of Nursing - Survey</td>
<td>31</td>
</tr>
<tr>
<td>Disciplinary Proceedings</td>
<td>82</td>
</tr>
<tr>
<td>Exceptions</td>
<td>84</td>
</tr>
<tr>
<td>Adequacy of Nurse Power in Rhode Island for Mandatory Legislation</td>
<td>97</td>
</tr>
<tr>
<td>V. THE ENACTMENT OF THE AMENDED NURSING PRACTICE ACT BY THE RHODE ISLAND GENERAL ASSEMBLY</td>
<td>90</td>
</tr>
<tr>
<td>Approval of the Proposed Nursing Practice Act by the Rhode Island State Nurses' Association</td>
<td>90</td>
</tr>
<tr>
<td>Promotion of Proposed Legislation</td>
<td>91</td>
</tr>
<tr>
<td>The Method by which a Bill Becomes Law in Rhode Island...</td>
<td>95</td>
</tr>
<tr>
<td>Course of Proposed Nursing Act in the General Assembly</td>
<td>100</td>
</tr>
<tr>
<td>VI. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS...</td>
<td>117</td>
</tr>
<tr>
<td>VII. BIBLIOGRAPHY</td>
<td>124a</td>
</tr>
<tr>
<td>VIII. APPENDIX</td>
<td>125</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Analysis of Nursing Practice Act in Effect in Rhode Island from 1948 - 1952</td>
<td>45</td>
</tr>
<tr>
<td>2. Suggestions of Standing Committee on Legislation, American Nurses' Association, About Board of Nurse Registration and Nursing Education and Committee of Consultants</td>
<td>75a</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

If the majority of states had nursing practice acts to safeguard the public from the incompetent individuals who engage in nursing, an evaluation of the method used by Rhode Island to try to obtain the licensure of all who nurse for hire would have little significance outside the boundaries of that state. But since mandatory legislation is, at present, only effective in six states, it is hoped that the findings of this study may prove helpful wherever nurses endeavor to obtain such a law. The American Nurses' Association reports:

During the last decade of the nineteenth century attention to the need for laws dealing with the practice of nursing was forced upon the leaders of nursing in this country. Schools of nursing were rapidly increasing in number, but due to the lack of uniform standards in the schools, absence of state laws, regulations, and any system of accreditation, each hospital school became a law unto itself and provided only such instruction and training as seemed to meet the service needs of the institution. As a result, nurses were graduated with wide differences in preparation, and the title 'trained nurse' had little meaning. To remedy this situation nurses organized state associations to secure the enactment of laws which would provide for the licensing and registration of 'trained nurses' by examination.1

The first statute requiring licensure of graduate nurses in this country was enacted in North Carolina during 1903.\(^2\) During the following twenty years, all states provided similar legislation. More recently, over half of the jurisdictions amended their nursing practice acts or enacted additional laws to provide for the licensure of practical nurses or other nursing groups with similar functions and preparation. There are many differences between existing laws however, and the dissimilarities in standards for schools of nursing continue to be a major problem. In addition, the majority of the current nursing practice acts do not safeguard life and health, which is the primary purpose of licensure. At present, in all but the six states having mandatory legislation, it is legal for anyone to put on a uniform and cap, call herself a nurse, and nurse for hire as long as the individual does not use the title protected by the law. The titles most commonly protected by statute are: Graduate nurse, trained nurse, registered nurse, practical nurse, trained attendant and vocational nurse.

In her discussion of the need for sound legislation in nursing, Brown has written:

> Numerous instances are known of techniques employed and drugs administered by well meaning but ignorant nurses that endangered life. For

the very reason that persons of limited education are most likely to be at the mercy of such a practitioner, it is doubly important that they be provided with any possible protection when they are unable to protect themselves. Whenever efforts are made to end this disgraceful negligence through legislative enactment, loud cries proclaim that even poor nursing is better than no nursing. There are not enough veterinaries to meet current demands; yet society requires that they be licensed before they can practice... We recommend that sound legislation relating to trained practical nurses be enacted in states without statutes; that such legislation elsewhere be reviewed; and made mandatory as of a fixed date.3

Additional emphasis on the need for changes in nursing statutes is contained in the sixth plank of the platform of the American Nurses' Association, adopted by the House of Delegates in May, 1950, which reads: "promote the licensure of all who nurse for hire."4

This study, therefore, is concerned with an evaluation of the recent legislative program of the Rhode Island State Nurses' Association. This legislative program culminated on April 24, 1952, with an amendment, in entirety, of a nursing practice act which had been on the statute books since 1948.

Purpose of the Study

In view of the nature of the problem and its implications for nurses, nursing and society, this study is designed


to define, interpret and suggest possible solutions for the problems encountered in obtaining changes in nursing legislation. In addition, it is believed that this study will:

1. Serve as historical value to the State of Rhode Island.

2. Serve as a guide for making further amendments in the nursing practice act in Rhode Island, if such changes become necessary.

3. Provide a detailed study of the methods used in Rhode Island in 1952 to obtain the type of legislation which more adequately protects the public and which allows for adaptation to current changes in nursing and in nursing education.

4. Assist nurses of other states who may seek similar legislation.

Statement of the Problem

How did Rhode Island effect changes in nursing legislation during 1952?

In order to answer the problem, it was necessary to analyze the following sub-problems:

1. What changes were needed in Rhode Island's nursing practice act in order to more adequately safeguard the life and health of the citizens of
the state?

2. How did the Rhode Island State Nurses' Association organize to accomplish a change in the law?

3. What problems were encountered by the Committee on Legislation, Rhode Island State Nurses' Association, in its effort to obtain the law?

4. What procedures were used by the Committee on Legislation, Rhode Island State Nurses' Association, to obtain an amended nursing practice act?

Scope of the Study

This study is a retrospective approach to the development and enactment of a nursing practice act that was amended in entirety during April, 1952 in Rhode Island.

The study is carried on jointly with the former vice-chairman of the Rhode Island State Nurses' Association's Committee on Legislation who was an active member of the Subcommittee on Legislation appointed to work with legal counsel in drafting the bill. She also assisted in preparing written material used for the purpose of interpreting the need for the proposed law to the membership of the Rhode
Island State Nurses' Association, to members of allied groups, to legislators and to the general public. Both investigators were privileged to be a part of the group of nurses who attended frequent meetings of the General Assembly in order to evoke the support of legislators in behalf of the bill.

In reviewing the development of the state's nursing practice acts in effect since 1912, principles of nursing legislation are evolved and used to evaluate the nursing law on the statute books from 1948 to 1952.

Limitations of the Study

Since this study is limited to an evaluation of the methods used to obtain an amended nursing practice act, no attempt is made to discuss what are probably two of the most important provisions of the law. These provisions are as follows:

1. Enforcing the requirement that all who nurse for hire be licensed.
2. Formulating rules and regulations which the Board of Nurse Registration and Nursing Education is authorized to adopt.

Sources of Data

The principal sources of data used in this study are as follows:
1. Selected nursing literature from 1904 to 1950 to determine the philosophy and principles underlying legal control in nursing.

2. Nursing practice acts on the statute books in Rhode Island since 1912 in order to ascertain the type of law former nurses attempted to obtain.

3. Documents of the Rhode Island State Nurses' Association from 1905 to 1952 for the purpose of tracing the development of the state's various nursing practice acts.

4. Legislative Manual for Committees on Legislation of State Nurses Associations, as a guide for evaluating the various legislative programs of the Rhode Island State Nurses' Association.

Design of Study

Chapter II contains the philosophy underlying legal control of nursing and, in a review of the history of nursing legislation in Rhode Island from 1904 to 1948, develops principles of legislation as these relate to the practice of nursing.

Chapter III analyzes the nursing practice act in effect in Rhode Island from 1948 to 1952 on the basis of principles underlying legal control in nursing.
of legislation derived from a review of selected nursing literature as well as those evolved in Chapter II.

Chapter IV outlines the reasons why an amended nursing practice act was sought in Rhode Island during 1952, describes the type of committee organization used by the Rhode Island State Nurses' Association to effect the changes, and presents the sections of the proposed law which proved most problematic to develop.

Chapter V reviews the activities of the Rhode Island State Nurses' Association which were designed to promote the proposed legislation, describes how a bill becomes law in Rhode Island, and traces the course of the suggested act, from the time it was introduced in the General Assembly until it became law.

Chapter VI contains the conclusions drawn from the findings of the study and makes recommendations which would have made the recent legislative program of the Rhode Island State Nurses' Association more effective.

Definition of Terms

In order to clarify the terminology used in this study, the following definitions are supplied:
Nursing Practice Act

A law which has been enacted by a state legislature which regulates the practice of nursing in that state (1) by defining who may practice and their qualifications for practice, and (2) by providing for a board for purposes of licensing those who present evidence of competency and for suspending or revoking the license of anyone proven to be incompetent. Nursing practice acts also provide (1) for the prescribing of standards for approved schools of nursing, (2) for approving or accrediting such schools, and (3) for removing them from the approved list when they fail to meet prescribed standards.6

Mandatory Nursing Practice Act

A mandatory law is one which defines the practice of nursing and requires all who practice nursing within the meaning of the law to hold a license. If the law provides for licensure of professional nurses and of practical nurses, both professional nursing and practical nursing must be defined in the law.7

Permissive Law

A permissive act provides for licensure on a voluntary basis and protects certain titles, depending on the nursing groups to be licensed. In a law which provides for licensing both the professional and the practical nurse, the titles usually protected are 'Registered Nurse,' 'Graduate Nurse,' 'Licensed Practical Nurse,' 'Licensed Trained Attendant,' and the abbreviations of these titles.8

Waiver

A waiver, as applied to a license law, is a provision for setting aside for a limited period of time,
certain requirements for licensure as defined in the new law, in order to allow those who are practicing at the time the law is enacted to become licensed. This may be necessary as a matter of constitutional law, if the law is mandatory.

Jurisdiction

In the United States, jurisdiction is the domain known as a state.

Bi-partisan

Both parties in the legislature.

Caucus

A meeting of the members of one of the political parties in the legislature as a group. At this time the party in caucus agrees about the action its members will take on a law or an issue.

Public Laws

In Rhode Island, all legislation enacted or amended by the General Assembly is known as a public law until compiled into general laws.

General Laws

An act passed by the legislature remains a public law in Rhode Island until the General Assembly votes to appoint a commission to compile such laws into general laws. Such a compilation was done in 1896, 1909, 1923 and 1938.

Committee on Legislation

A standing committee of the Rhode Island State Nurses' Association which was empowered on October 27, 1950, to prepare an amended nursing practice act for possible introduction into the legislature during 1952.

Subcommittee on Legislation

A group of ten nurses, appointed by the Committee on Legislation, Rhode Island State Nurses' Association, to assist the attorney in drafting the amended nursing practice act.

Board

A legal body appointed to administer a nursing practice act. The chief duties of these boards are: Licensure of duly qualified applicants, prosecution of those who violate the provision of the law and accreditation of schools of nursing. Such a board is commonly known as a Board of Nurse Registration and Nursing Education, a Board of Nursing, a Board of Examiners in Nursing, and a State Nurses' Board.
CHAPTER II

HISTORICAL DEVELOPMENT OF NURSING LEGISLATION IN RHODE ISLAND

Philosophy Underlying Legal Control of Nursing

The enactment of nursing practice acts in this country was first encouraged by leaders in the field of nursing during the early part of the twentieth century. The original concept of legal control in nursing was principally to provide a means of standardizing the training of nurses. Over the years, the philosophy underlying nursing legislation has broadened to its present well established purpose, the safeguarding of the life and health of society by requiring the licensure of all who nurse for personal profit or compensation.

The fact that nursing practice acts are enacted by individual state legislatures rather than by the federal government is in keeping with the tenth article of the Constitution of the United States. This well-known States Rights article provides that the power not delegated to the United States by the Constitution is reserved to the individual states or to the people.

Lesnick and Anderson state:

There is inherent in original government the implied power ... to police human activities involving the safety, life, morals and health of its people. This power is called 'police power' ... It exists, subject to reasonable limitations, in the sovereignty
of every state government. It has been held not to exist in the Government of the United States... 1

Control of the practice and practitioners of the various professions has long been accepted as a proper exercise of the police power of the various states. That this police power has not been exercised in the field of nursing by either the public or the members of the profession is substantiated by the fact that, at the present time, it is legal in all but six states for an unskilled person to practice nursing as long as the titles protected in the law are not used. This condition can only be remedied by a law defining the practice of nursing, requiring the licensure of those who are competent, and prohibiting nursing by those who are unqualified.

The reason why such laws are not provided in the field of nursing has been explained to some extent by Anderson when she wrote: "... medicine became ... subject to definition at an early period. In nursing, however, the functions covered so many phases of human relationships that ... the definition of its sphere of activity has not yet been crystallized in acceptable form." 2

The history of nursing licensure in the state of Rhode Island indicates that, in this particular jurisdiction, lack


of understanding of the value of sound legislation in nursing on the part of legislators, allied groups and the public has also helped to retard the wheels of progress. On almost every occasion during the past forty-seven years that the state nursing organizations have made an effort to obtain a new or amended nursing practice act, all or some of the suggested changes have been referred to as "a monopoly" "close commission" "discriminative" and "class legislation."

It would appear, therefore, that if the experience in Rhode Island is typical, lack of public education is one of the chief deterrents to adequate control of nursing.

**History of Nursing Legislation in Rhode Island; 1904-1905**

The first mention in the records of the Rhode Island Association of Graduate Nurses of the need for nursing legislation appears in June, 1904. The record reads: "... at the annual dinner of the Rhode Island Hospital Alumnae, the subject of state registration was discussed and the members felt that something ought to be done ... towards obtaining state

---

6*The Providence Journal*, April 12, 1905

4*Ibid.*, February 29, 1912


registration." Accordingly, arrangements were made for all nurses in the state to meet and discuss this matter on October 19, 1904. On this occasion, the sixty-four nurses in attendance took their first action in behalf of nursing legislation by voting to form the Rhode Island Association of Graduate Nurses.

The first meeting of incorporators of the new Association was held on January 26, 1905. The articles of incorporation, which had been filed with the Secretary of State, were presented and revealed that the organization had been formed for the purpose of:

- elevating and maintaining the standards of qualifications of Graduate Nurses, of securing their registration by the State, of advancing interests of the nursing profession, of establishing cordial relations between the nurses of this and other states and of promoting the professional success of the Association.

On March 1, 1905, less than three months after its incorporation, "An Act or proposed Bill for State Registration in Rhode Island" prepared in consultation with an attorney was approved by the Association. The records of the Association read: "This same bill was read at the Rhode Island

---

7 Rhode Island Association of Graduate Nurses, Minutes of First Annual Meeting, March 7, 1906. On File with the Rhode Island State Nurses' Association. Address, 42 Weybosset Street, Providence, Rhode Island.

8 Ibid.

9 Ibid.
Medical Society with objection to such a bill being made a law. 10 Regardless of this opposition, the proposed bill was introduced into the House of Representatives on March 31, 1905.

A review of the major provisions of this proposed bill provides a background for understanding the opposition which followed its introduction into the General Assembly and will be used as a basis for demonstrating that the majority of its features remained in the nursing practice acts in Rhode Island for many years. These provisions were as follows:

There shall be a board of examiners of trained nurses, consisting of five members, all of whom shall be graduate nurses. Appointments shall be made from candidates submitted to the governor by the Rhode Island Association of Graduate Nurses. The members of said board shall elect from their number a president and a secretary who shall also be the treasurer. Said board may adopt bylaws not inconsistent with this act to govern its proceedings and rules and regulations for the examination of applicants for registration. It shall meet at least twice in each year to examine such applicants. Said board shall cause prosecution of all persons violating any of the provisions of this act. It shall determine what hospitals and what training schools for nurses furnish a course of instruction sufficient to qualify their pupils for registration under this act without examination and shall approve such as in its opinion furnish such instruction. Persons desiring to become registered nurses shall make application in writing. Said board shall examine all such applicants as are required by this act to pass an examination in the elements of anatomy, physiology and materia medica,
in medical, surgical, obstetrical and practical nursing, invalid cookery and household hygiene ... Applicants for examination and registration must be residents of this state, of good moral character, at least twenty one years of age and must have received such preliminary education as may be determined by said board. Of such applicants the following shall be entitled to registration without examination upon application made before January 1, 1907, viz:

1. All graduates of approved training schools connected with general hospitals in which at least two year's training in the hospital and in systematic courses of instruction is required.

2. All persons who before January 1, 1886, graduated from any such training school after having received at least eighteen months of such training and instruction.

3. All graduates of approved training schools connected with private or special hospitals in which at least two years of such training and instruction are required and who have received one year additional training in some approved general hospital.

After January 1, 1907 all of such applicants must pass such examination as shall be determined by said board, and must be graduates of approved training schools connected with general hospitals, in which at least three year's training in the hospital and in systematic courses of instruction is required, or must be graduates of such schools connected with private or special hospitals in which at least two years of such training and instruction are required, and who have received one year additional training in some approved general hospital.  

"Nurses Had A Field Day At The State House" was the caption of a newspaper article reviewing the public hearing.

---


12The Providence Journal, April 12, 1905.
held by the Committee on Judiciary of the House of Representa-
tives concerning the bill on April 11, 1905. The following ex-
cerpts from this article describe the setting in which the
hearing took place:

Intense interest was manifested in the hearing upon the
'Act To Provide State Registration Of Trained Nurses'
held by the House Committee on Judiciary at the State
House ... A crowd, in which the nurses outnumbered the
physicians, lawyers and other males by about 10 to 1,
completely filled the large hearing room ... and a
majority of those present ... remained to the end some
four hours later. It was an assemblage in which the
faces of the listeners furnished an index to their
sympathies, and on one or more occasions, audible ex-
pressions of disapproval were given during the remarks
of the speakers ... 13

The newspaper account of the public hearing also con-
tained the comments of the attorney for the Rhode Island Asso-
ciation of Graduate Nurses. In defense of the bill, he stated:

... it was not in the line of new or unusual legis-
lation ... The dentists and barbers had commissions to
conduct examinations and determine who should practice
their professions in this State ... He continued to
state that there had been a great deal of talk to the
effect that the act created a monopoly in favor of a
certain training school. It could not be fairly so
construed. Sections of the bill provided ... for free
and open competition of all properly qualified persons.
It was the purpose of the act to make the title 'trained
nurse' mean something and to protect the public that any
man might know what he was getting when he employed such
a nurse. It was as necessary as the law prohibiting
quacks and charlatans from practicing the medical pro-
fession.14

13 Ibid.
14 Ibid.
The attorney further discussed:

... the matter of the anticipated objection to be raised by representatives ... of ... other hospitals because of the provision in the bill excluding graduates of all training schools from registration unless they were connected with 'general' hospitals ... He claimed that ... institutions where a special class of disease is treated did not provide the opportunity for giving nurses the experience they might gain in a general hospital.15

The opposition expressed at the public hearing by the representatives of one mental and one obstetric hospital is understandable in view of the fact that the nurses who graduated from these institutions were not eligible for registration under the waiver or by examination because their preparation was limited to a specialized field. The following comments were made by representatives of these hospitals:

... It's a case of 'commissionism' run riot. There has never been ... an act passed in the history of this state so palpably in the interests of a class as this -- to create a rank monopoly.

... And who are the people that compose the Rhode Island Association of Graduate Nurses? They have gotten themselves incorporated very quietly and now they want to say who shall and who shall not have a right to wear the nurses button.

... It was perfectly clear, he argued, that this bill was a scheme on the part of a limited number of nurses to get the cream of the business ... The act ... limits the applicants not only to general hospitals but to such general hospitals as may be approved by ... the Board of Examiners ... 16

15Ibid.
16Ibid.
In support of the bill, the President of the Rhode Island Association of Graduate Nurses stated:

The registration of nurses ... has done much in other States to raise the standards of training schools and consequently has increased the efficiency of the nurses ... The proposed bill ... was not nearly as strong as some of those in other States ... The speaker was sure that registration was the only way in which the various training schools could be brought up to a desirable standard.17

The initial effort of the members of the Rhode Island Association of Graduate Nurses to obtain a nursing practice act terminated with the public hearing. The Committee on Judiciary of the House of Representatives took no action on the bill.

The sentiments of the members of the Rhode Island Association of Graduate Nurses relating to their unsuccessful attempt to obtain nursing legislation are expressed in the minutes of their first annual meeting which read:

We have no desire to prevent anyone from practicing the art of nursing.

The purpose of State Registration is to establish the title of Registered Nurse and to prevent anyone who is not registered from using that title.

The medical profession in Rhode Island found it required a number of years before the proper standard could be established by law, therefore we can wait.

17 Ibid.
Let each nurse be interested and do her part and it can be accomplished as it has been in many other states.18

In evaluating the first legislative program sponsored by the nurses of Rhode Island, one is impressed by the foresight of the members of the Rhode Island Association of Graduate Nurses who helped prepare the bill. It is safe to assume, for example, that the section of the act providing for an all nurse board to be appointed from the membership of the Rhode Island Association of Graduate Nurses was included to assure the control of standards of licensure and education by members of the profession. Although the method of approving schools of nursing is not clearly stated in the act, the fact that licensure by waiver and examination was limited to graduates of approved schools indicates strongly that accreditation was contemplated. The proposed act did not contain allowances for registration by reciprocity but this is not surprising in view of the fact that it was not a common practice in the United States in 1905. While some of the restrictive provisions, such as those defining fixed standards in connection with the length of the training program and those setting forth specific tests to be taken for licensure, would not be considered sound principles of nursing legislation in the latter

half of the twentieth century, their inclusion in 1905 is understandable when one considers that a nursing practice act was looked upon as a means of standardizing the preparation of nurses. It would seem that the most serious mistake made by the Rhode Island Association of Graduate Nurses in 1905 concerned the rapidity with which the bill was prepared and introduced in the General Assembly. Three months hardly provided sufficient time for drafting the law and certainly made no allowances for its interpretation to the nurses of the state, to members of allied profession, to legislators and to the general public in terms of its usefulness in safeguarding life and health. In addition, one might question the advisability of providing a waiver to limit registration to those who had completed their programs in general hospitals and excluding those who had graduated from or were currently enrolled in the local schools of nursing which limited preparation to the care of specialized patients. Although the thinking behind such action was undoubtedly associated with the conviction that competent nurses could not be prepared without some instruction and experience in a general hospital, it would not appear to be good practice to try to enact legislation which did not make provisions for those who entered schools of nursing before any legal standards were in effect. This was a subject about which the Rhode Island Association of Graduate Nurses had to compromise at a later date.
1906 - 1911

Although no further nursing legislation was introduced into the General Assembly between 1906 and 1911, a review of the minutes of the Rhode Island Association of Graduate Nurses during that period indicates that the need for such a law was given consideration regularly at membership meetings.

For example, the minutes of the meeting held on June 19, 1907 reveal that it was deemed advisable to obtain legal counsel. The minutes of this meeting read as follows:

Miss Stowe ... addressed the nurses speaking on State Registration in Connecticut. She said the Connecticut Association was meeting with some difficulties ....

Miss Stowe advised if a lawyer were needed, the securing of the very best possible to be had ...

Miss Stowe thinks a three year course very desirable.19

The third annual meeting of the Rhode Island Association of Graduate Nurses held on March 4, 1908 indicate that they were cognizant of the desirability of having informed legislators. A representative of Associated Charities who spoke at the meeting stressed the necessity for compromise in legislation. One of his comments reflects his practicability: "... in legislation it was not always possible to obtain the ideal

---

19Rhode Island Association of Graduate Nurses, Minutes of Special Meeting, June 19, 1907. On file, op. cit., Address, op. cit.
Dr. Laura Hughes of Boston, speaking at a general meeting held on May 20, 1908 pointed out the importance of interpreting the need for the bill to the public. She made the following comments:

The Mass. bill was defeated three years in succession ... the 4th year they did not attempt to introduce it.

But this year it was entered again and they have every hope of its success.

She spoke in detail what means were employed to obtain legislation, told us not to be discouraged ... She said they canvassed and tried to educate the people through the press and by interesting some well known people in their bill ... The trouble in Mass. was generally caused by the Public having a wrong idea, they thought that the bill excluded the catnip tea old ladies ... of their means of livelihood ....

An excerpt from the minutes of a meeting of the directors of the Rhode Island Association of Graduate Nurses held in 1910 reads as follows: "... The question of attempting to get a bill for State Registration for nurses before the legislature was discussed but no definite action was taken."

---

20 Rhode Island Association of Graduate Nurses, Minutes of Third Annual Meeting, March 4, 1908. On file, op. cit., Address, op. cit.


22 Rhode Island Association of Graduate Nurses, Minutes of Directors Meeting, October 6, 1910. On file, op. cit., Address, op. cit.
An announcement was made at the meeting of the Executive Board of the Rhode Island Association of Graduate Nurses in August, 1911 that the secretary of the American Nursing Association would speak to the nurses in October with reference to the importance of nursing registration. There is no available information, however, to indicate whether or not she came to Rhode Island for this purpose.

1912

"An Act To Provide for State Registration of Trained Nurses," became law in 1912. That certain sections of this law represented a compromise on the part of the Rhode Island Association of Graduate Nurses is evident by a comparison of its provisions with the bill proposed in 1905. The 1912 bill provided for a Board of Examiners of Trained Nurses composed of two doctors and three nurses. The provision in the 1905 bill that nurse members of the Board be appointed from a list to be submitted by the Rhode Island Association of Graduate Nurses was deleted. In contrast to the proposed legislation in 1905, the 1912 law contained a seven months' waiver which liberalized the requirements for registration. This waiver permitted the licensure of all graduates of approved schools connected with a general, private or special hospital in which

Rhode Island Public Laws, 1912, Chapter 505.
at least two years of training was provided. It also included graduates of the training schools connected with such hospitals which required at least fifteen months of training prior to 1904.

It would appear that some of the amendments to the bill were made following a public hearing held on February 20, 1912 before the Committee on Judiciary of the House of Representatives. A newspaper report entitled "Nurses In Clash Over House Bill" reveals that the Rhode Island Association of Graduate Nurses had obtained the support of physicians in their legislative efforts which, of course, had not been the case in 1905. One doctor said: "It is impossible for the physician to remain by the bedside and thus the nurse becomes a very important factor in the handling of the case."25

One of the men at the public hearing, representing a small private hospital, registered opposition to the method of appointing board members by commenting:

It behooves us to look into the Rhode Island Association of Graduate Nurses ... Is it right that they should have the privilege of suggesting the names of all the candidates of the board from among whom the Governor shall select ... This suggestion is made in a sense of fairness and in order to prevent class legislation ... What we want to do is copy as nearly as possible the Massachusetts law.26

24The Providence Journal, February 29, 1912

25Ibid.

The same newspaper account of the public hearing contained the statement that the lawyer representing the Rhode Island Association for Graduate Nurses "offered an amendment which would include nurses in private and special hospitals in the provisions of the act."\textsuperscript{27}

It took seven years of effort on the part of the Rhode Island Association of Graduate Nurses to bring about the passage of the 1912 law. In retrospect, seven years seems like an unnecessarily long time to obtain such a law but it must be remembered that registration of nurses was then a new venture and many people had to be indoctrinated to the idea before any measure of success could be obtained. A statement contained in the Legislative Manual of the American Nurses' Association sustains this viewpoint: "... careful planning is important if the Association is to be successful with its legislative program."\textsuperscript{28} Such planning should necessarily include active committees on legislation, both on the state and district level, a forceful lobbyist who may or may not be the legal counsel employed to draft the bill, a vigorous public relations program and an enthused and well-informed membership who will all work in unison to obtain support for the bill.

\textsuperscript{27}Ibid.

1914 - 1920

A statement contained in the minutes of a meeting of the Executive Board of the Rhode Island Association of Graduate Nurses held on April 24, 1914 reads: "... Ways and means of defeating the amendment to our Nurses Registration Bill was discussed ..."28 There is no record of any positive action having been taken by the Association in connection with this matter. If the members embarked upon a program to oppose the registration without examination of nurses excluded from the law passed in 1912, their efforts were unavailing because on May 1, 1914, another waiver of eight months' duration was passed by the General Assembly. This waiver provided for the licensure, without examination, of any nurse who graduated from the training school formerly connected with a local obstetric hospital. Since this hospital had, at one time, offered a one-year program, the efforts made by the nurses in 1905 and 1912 to maintain some semblance of standards for registration by waiver was once again defeated.

A second amendment to the law came about as the result of World War I. During 1918 and for the continuance of the war with Germany, provisions were made for registration by exam-
mination of "any graduate of an approved college for women who shall have received a diploma from a training school connected with a general hospital certifying to the completion of at least three months preliminary training in elementary nursing subjects and two years of training in systematic courses of instruction in nursing."20 Since no such program existed in Rhode Island, this change was undoubtedly made to provide for the licensure of those nurses who completed the wartime program offered by the Vassar Training Camp under the sponsorship of the American Red Cross and Vassar College.

Provision for registration of nurses by reciprocity was not made until 1920 when a clause was added to the law stating the "board upon application ... may issue a certificate of registration, without the requirement of examination, to any person registered in another state, which, in the opinion of the board has substantially like requirements for registration in this state."31

1935

"Democrats Turn Out Supreme Court And Safety Board, Discard Eighty State Boards; Bar Two Republican Senators"22 were the headlines of a newspaper article describing a statute

20Rhode Island Public Laws 1914, Chapter 1059.
21Rhode Island General Laws, 1923, Chapter 160.
enacted by the General Assembly at its opening session on January 1, 1935. This law, designed to streamline the state government, became effective sixty days after its passage by the newly elected political party which assumed control in Rhode Island in 1935.

In keeping with the provisions of this statute, all state boards, bureaus, commissions and administrative agencies were consolidated under eleven departments and, as of March 1, 1935, the director of each department was empowered to assume their responsibilities. As a result of this statute, what was formerly an independent Board of Examiners of Trained Nurses was placed under the newly-created Division of Examiners of the Department of Public Health and on March 1, 1935, the Director of Public Health was authorized to assume the Board's functions. The Director of Health had this type of control for a period of three months until June 1, 1935, when the General Assembly enacted another more comprehensive law pertaining to the reorganization of the state government. Among other provisions, it provided for the continued consolidation of the various state boards, bureaus, commissions, and administrative agencies under the eleven departments of the state government and for the appointment of board members. This law provided for the appointment of a Board of Examiners in Nursing composed of three nurses
to be appointed by the Director of Public Health with the approval of the Governor. There was no provision in this statute to require that the three members of the Board be nurses. As will appear later in this chapter, a nursing practice act enacted on June 2, 1925 nullified the provisions in the government reorganization act for the appointment of a single board of nursing.

In view of the action of the General Assembly, it is not surprising that 1925 proved to be a busy legislative year for the nurses of Rhode Island. According to the annual report of the Chairman of the Committee on Legislation for 1925, the Rhode Island State Nurses' Association, formerly the Rhode Island Association of Graduate Nurses, "... became actively interested in this change and felt that the time was opportune to suggest a revamping of the law concerning ... trained nurses."

Within thirty days of the date the Governor signed the government reorganization act which was passed by the General Assembly in January, 1925, an amended nursing practice act was approved by the Board of Directors of the Rhode Island State Nurses' Association and introduced into the Senate. This bill was prepared by the President, Vice-President and Executive Secretary of the Rhode Island State Nurses' Association.
and by the presidents of the Rhode Island State League of Nursing Education and the Rhode Island State Organization for Public Health Nursing, in consultation with an attorney.

Once again, the Rhode Island State Nurses' Association made an effort to obtain a board composed of five graduate nurses to be selected from a list submitted to the Governor by the Rhode Island State Nurses' Association and the Rhode Island State League of Nursing Education. This bill also included provisions for the appointment of an advisory council of three nurses and three non-nurses to meet with the board once a year. The non-nurses represented the fields of medicine, hospital administration and general education.

The proposed bill differed from the law enacted in 1912 only in the following respects: Annual registration of nurses, requirement of payment of fifty cent yearly registration fee, the appointment of a nurse as the State Director of Nursing Education on a part time level to survey affiliating programs and schools of nursing at least once yearly, and the addition of eight more subjects to be included in state board examinations.

The fact that the Rhode Island State Nurses' Association did not consult with the Rhode Island Medical Society before the introduction of the bill in the General Assembly is revealed
by the statement of a physician made at the beginning of a conference held by representatives of the two groups on February 27, 1935. He stated:

... the American Medical Association wrote a letter ... saying notice had been received of the introduction in your State Legislature of the bill named below ... 'S77 creates a new Nurse Board and removed physicians from its personnel.' When we got this notice, we knew nothing about the new legislation ... We immediately asked to have the bill held up and went to the Judiciary Committee of the Legislature to find out who presented the Bill ... We ... found out this bill had been formulated and sent to the Rhode Island Legislature by a body of well recognized nurses in Rhode Island. We took the Bill up step by step and we unanimously disapproved the Bill ... We felt that while we were perhaps a little upset, it would only be the kind thing to do and the nice thing to do ... to meet and talk the thing over and arrive at some decent conclusion rather than go to the Legislature and knock each other's heads off, to use a slang expression ... 24

During the course of the meeting, the physicians voiced strong opposition to an all-nurse board and particularly to the advisory council which did not have any power. Referring to the advisory council, one doctor commented: "... If they have any objections to the Board of Examiners, what of it? The Board can go its own sweet way; paying no attention to them ..." 25

24 Rhode Island State Nurses' Association, Meeting of Representatives from Nursing Organizations and Doctors at Medical Library, February 27, 1935. On file, op. cit.. Address, op. cit.

25 Ibid.
The doctors also expressed strong opposition at the meeting to the provision that the Governor appoint the board members from a list of names to be submitted by the Rhode Island State Nurses' Association and the Rhode Island State League of Nursing Education. Discussing this provision in the law, one physician stated, "The idea of an unofficial body dictating to an official body. This Bill makes it mandatory for the Governor to choose people who are recommended by an unofficial body."\textsuperscript{36}

One physician described the proposed law as "... an act to control your training schools ... It certainly interests tremendously the hospitals in which these training schools are organized ... "\textsuperscript{37}

Despite the efforts of the nurses, they were unsuccessful in convincing the physicians of the need for an all-nurse board and advisory council. The physicians agreed, however, to accept the suggestion of one of the nurses in attendance when she asked the following question:

If we had a Committee and Council of Nurse Education composed of the two Vice-presidents of the Rhode Island Medical Society, an Educator, the Presidents of our two Nursing Organizations and the power was vested in that group, would it meet with your approval? 

\textsuperscript{36}Ibid.

\textsuperscript{37}Ibid.
If we had that set-up and then appointed an Examining Board, would you have any objection to the Examining Board being all nurses? ....

Following the meeting with representatives of the Rhode Island Medical Society, the section of the proposed bill relating to the Board of Nurse Examiners and the Advisory Council was redrafted to provide for a new administrative set-up. Provisions were made in the bill for the appointment of a State Committee on Nursing Education as the policy setting group in both educational and licensure matters which committee would be composed of six non-nurses representing medicine, general education and hospital administration and five nurses; one representative each from the Rhode Island State League of Nursing Education and the Rhode Island Organization for Public Health Nursing; two representatives from the Rhode Island State Nurses' Association and the State Director of Nursing Education if and when appointed. In instances where the members of the State Committee on Nursing Education represented specific organizations, careful provisions were made in the bill for their appointment by the Director of Health on a permissive basis. The bill also provided for the appointment of an all-nurse Board of Examiners by the Director of Health with the approval of the State Committee on Nursing Education.

---

Ibid.
The functions of the Board of Nurse Examiners were limited to issuance of licenses in keeping with requirements stated in the law and/or in keeping with policies approved by the State Committee on Nursing Education.

When the bill became law on June 3, 1935, it represented legislation that, of necessity, had to be prepared hurriedly because of the newly enacted government reorganization act which stripped the Board of Examiners of Trained Nurses of its independence. The major reason why the Rhode Island State Nurses' Association agreed to compromise and substitute for the proposed all-nurse board, a policy setting committee composed largely of non-nurses was undoubtedly due to the pressure under which it was forced to work.

Contrary to principles of nursing legislation now generally accepted as basic was the retention in the law of such restrictive provisions as those requiring graduation from a three-year nursing program as a qualification for registration; preparation of state board examination questions by the Board of Nurse Examiners; and visitation of all educational programs in the State at least once a year by the part-time State Director of Nursing Education.

The requirement in the law that one must have graduated from a three-year program in nursing as a qualification for registration eventually created a problem for nurses who
completed a thirty-two month collegiate program such as that offered by Yale University School of Nursing.

The stipulation in the law that the Board of Nurse Examiners prepare the questions to be used for the state board tests delayed Rhode Island's use of the state board test pool examinations. These tests were inaugurated by the Department of Measurement and Guidance, National League of Nursing Education, some years after this law went into effect.

Each of the problems created by the nursing practice act of 1935 was corrected by nursing legislation effected in Rhode Island in later years.

1943 - 1947

This period in the history of nursing legislation was again fraught with disappointment.

Between 1943 and 1945, a single omnibus bill codifying all laws pertaining to public health was drafted by a public health survey commission appointed by the Governor. The portion of the bill pertaining to nursing was prepared in consultation with representatives of the Rhode Island State Nurses' Association. The proposed nursing legislation, permissive in nature, differed from the nursing practice act enacted during 1935 in that it suggested provisions for the
licensure of practical nurses by test and by waiver, proposed the accreditation of schools of practical nursing, offered provisions for the registration of graduates of degree programs in nursing without specifying the length of the course, proposed the appointment of the State Director of Nursing Education on a full-time basis and the replacement of the State Committee on Nursing Education and the Board of Nurse Examiners by a single Board of Nursing. The proposed membership of the Board of Nursing was the same as that of the State Committee on Nursing Education in 1935 except for the addition of the Department of Health's Administrator of Professional Regulation, formerly the Chief of the Division of Examiners, in an ex-officio capacity. The suggested functions of the Board of Nursing differed from those of the State Committee on Nursing Education only in the provision that the Board delegate responsibility for licensure to a panel of five of its nurse members.

The proposed omnibus bill was defeated after introduction in the General Assembly in 1946 and 1947.

Undaunted by this action, the Rhode Island State Nurses' Association in 1947 sponsored the reintroduction into the General Assembly of the section of the omnibus bill relating to nursing. This, too, failed to pass.
There are no records available to indicate the reasons for the changes proposed in the defeated legislation.

It would be interesting to be able to ascertain, for example, why a waiver of requirements for the licensure of practical nurses was proposed. This question is raised because the suggested nursing legislation was permissive in nature and did not prohibit any one from practicing nursing as long as the titles in the proposed bill were not used. Jacobsen and Given wrote about this matter as follows:

... In a permissive act, it is unnecessary and unwise to provide for a 'waiver' and 'exceptions' since a permissive law does not prevent those who are unlicensed and currently practicing from continuing to practice. As long as these people do not use the titles or abbreviations or hold themselves out in any way to be any one of the persons whose titles are protected, they may continue to nurse without a license. 39

It would also be helpful to determine why the provisions for the waiver in the proposed law were so liberal. If this bill had been approved by the General Assembly, the waiver would have been in effect for one year and would have provided for the licensure of any person who had been an attendant or practical nurse for any two continuous years previous to its enactment.

The fact that the proposed law suggested a single board

---

of nursing would lead one to believe that as far back as 1943, the advantages of providing for the administration of a nursing practice act by one body was recognized.

That the disadvantage of restrictive provisions in nursing legislation was recognized by the group which helped prepare the proposed law is indicated by the removal from the bill of the stipulation with reference to the type and number of tests to be taken for licensure by examination.

1943

Still intent on amending the nursing practice act, the Rhode Island State Nurses' Association again sponsored legislation in 1948. There are no records available to enable the investigators of this study to determine the reason for the two major differences between the proposed law and the legislation pertaining to nursing which was defeated by the General Assembly in 1946 and 1947. These two major differences made the newly proposed law mandatory and continued the State Committee on Nursing Education and the Board of Nurse Examiners as the administrative and licensure bodies.

Since the 1948 bill is analyzed in detail in Chapter III of this study, its consideration in this chapter is limited to setting forth the course the bill followed after joint introduction under bi-partisan sponsorship in the House of Representatives and the Senate on January 20, 1948. The bill was
passed by the House of Representatives as proposed by the Rhode Island State Nurses' Association. The Senate followed the advice of its Committee on Judiciary and on April 16, 1948 approved the bill together with a clause nullifying its mandatory aspects. One article in the local press referred to this action on the part of the Senate as a "minor amendment." The same newspaper article described this amendment accurately when it stated: "The amendment taken ... from the present law provides that nothing in the bill would apply to any person nursing the sick for hire if they did not ... assume to be registered or practical nurses."  

Consequently, when the amended bill was approved by the House of Representatives and signed by the Governor, there existed in Rhode Island a permissive nursing practice act providing for a waiver of requirements for the licensing of practical nurses. This waiver contained the same provisions as the bill proposed by the legislation of 1946 and 1947. As a result of this waiver, twelve hundred and thirty-seven people received licenses as practical nurses.  

It may be said that the major accomplishments of this legislation were the provisions which made the Secretary of the  

---

41Ibid.
42Rhode Island Department of Health, Record of Licensed Practical Nurses, 1948-1949. On file with Division of Professional Regulation, 366 State Office Building, Providence, R.I.
Board of Nurse Examiners a voting member of the State Committee on Nursing Education and which permitted the State Committee on Nursing Education to organize standards for schools of practical nursing and to license graduates of such programs.
CHAPTER III

LEGAL CONTROL IN NURSING IN RHODE ISLAND FROM 1948 - 1952

The nursing practice act in effect in Rhode Island from 1948 to 1952 contained many desirable features.

It was comparatively free of restrictive provisions thereby allowing the State Committee on Nursing Education considerable discretion in determining educational and licensure policies.

The law established the position of State Director of Nursing Education on a full-time basis thus making available the services of an educational consultant to Rhode Island's seven basic professional schools of nursing and their affiliating programs.

Although the provision in the statute for a State Committee on Nursing Education with a membership composed largely of non-nurses is in conflict with current accepted principles of nursing legislation, the nurses of Rhode Island owe a debt of gratitude to this group for its accomplishments. The non-nurses serving on the State Committee on Nursing Education were among the most qualified in their respective fields. There is no doubt that their devotion to the cause of nursing education provided the framework which eventually led to the setting up of an all-nurse board.
During the last two years of its existence, policies of nursing education became increasingly complex so that the non-nurse members found it difficult to devote adequate time for the consideration of problems that arose. Consequently, there was a growing tendency on the part of the State Committee on Nursing Education to appoint the nurses of the group as a subcommittee to study new matters with the understanding that the subcommittee would report its recommendations for action by the entire membership at its next meeting. For this reason, decisions on important policies were sometimes delayed.

The nursing practice act enacted in 1952 retained the desirable provisions of the law that had been in effect since 1948 and corrected those which had proved problematical or not in keeping with generally accepted principles of nursing legislation.

An analysis of the nursing practice act in effect in Rhode Island from 1948 to 1952 is presented in Comparative Summary I to serve as a basis for determining the reasoning behind the move for legislative changes during 1952. The principles of legislation used as a foundation for analyzing the law were formulated from the experience gained by the investigators of this study from the various legislative programs of the Rhode Island State Nurses' Association as well as from a survey of selected literature pertaining to nursing practice acts.
SELECTED PRINCIPLES OF LEGISLATION RELATIVE TO NURSING

Definition of Nursing

1. The practice of nursing is defined so that licensed practitioners know that they have a legal right to do and in order that the unlicensed are prohibited from engaging in the practice of nursing as set forth in the definition.

Administrative Organization

Policy Setting Board, Composition, Conditions and Terms of Office

1. Since one of the criteria for judging a profession is its ability to control its own practice, only graduate nurses serve on the policy
   setting group.

2. The size of the board is determined by the number of graduate
   nurses needed to provide equitable distribution from various types
   of educational programs in nursing, without making the group so large as to
   be cumbersome.

COMPARATIVE CHART I

DEFINITION OF NURSING, ADMINISTRATIVE ORGANIZATION, STATE COMMITTEES ON NURSING EDUCATION, COMPOSITION, CONDITIONS AND TERMS OF OFFICE.

Definition of Nursing

Not included.

Administrative Organization

State Committee on Nursing Education: Composition, Conditions, and Terms of Office, Duties

The director of the department of health shall appoint a committee of nursing education of 12 members to consist of one trustee and one superintendant of an incorporated hospital maintaining an accredited school of nursing, one representative from the Hospital Association of Rhode Island, one physician participating in the teaching program of an accredited school of nursing, one educator actively connected with a college or university, one representative each from the Rhode Island State Medical Society, the Rhode Island State League of Nursing Education and the Rhode Island State Organization for Public Health Nursing, 2 representatives from the Rhode Island State Nurses' Association, the secretary of the Rhode Island Board of Nurses in Nursing, the state director of nursing education, and the director of health and the administrator of professional regulation, ex-officio.

SELECTED PROVISIONS OF NURSING PRACTICE ACT INCONSISTENT WITH PRINCIPLES

of ADMINISTRATIVE RELATIVE TO NURSING

Definition of Nursing

1. The exclusion of the definition of nursing from the law made it
   legal for anyone to perform the duties of the professional and practical
   nurse as long as the titles were not used.

Administrative Organization

State Committee on Nursing Education: Composition, Conditions, and Terms of Office, Duties

1. Nurses were in the minority on this policy setting and did not
   even control their own practice to the extent of having the majority vote.

2. A policy setting group of thirteen members is a large, unstable
   group, and in the case of the state committees on nursing education, did
   not include any graduate nurses to represent the practical nurses.

1 Rhode Island General Laws 1933, Chapter 230, Amended by Public Laws 1946, Chapter 361, Amended by Public Laws 1951, Chapter 424.

2 THIS: Section 1.
Administrative Organization (Continued)

5. The fact that appointment of nurse members from lists submitted by the three nursing organizations was permissive instead of mandatory in nature, made possible the appointment of any practitioner regardless of preparation and experience.

4. Qualification of committee members to insure competent appointees is omitted from the law.

5. The fact that provisions were not made to limit number of terms of office a member could serve made indefinite years of service possible.

6. No provisions were made to compensate the members of the policy setting group for the time and service involved in the administration of their duties.
Administrative Organization (Continued)

State Committees on Nursing Education: Composition, Conditions and Terms of Office, Duties (Continued)

7. Proceedings to be followed in cases of disciplinary action are defined in detail.

The committee may adopt a design for a pin or badge having thereon the letters R.N. to be worn by registered nurses and it shall be unlawful for any other person to wear such pin or badge or any imitation thereof. The committee shall refer to the director of health any recommendation to revoke the certificate and annul the registration of any registered or practical nurse for gross incompetency, dishonesty, or any habit or act derogatory to the morals or standing of the practice of nursing. Before taking such action it shall give at least 30 days' notice to the holder of such certificate of the charges against him or her and of the time and place at which it will consider and act upon the same, at which he or she shall be entitled to be present, represented by an attorney and to be heard. Then the revocation of any certificate the holder thereof shall surrender the same to the committee and the secretary shall strike the name of the holder from the register of nurses.

5 Ibid.

6 Ibid., Section 1.
Administrative Organization (Continued)

1. With a single nursing practice act, only one board with both education and licensure function is necessary.

2. Board organization provides for the election of officers.

Administrative Organization (Continued)

Board of Examiners in Nursing

The director of the department of health shall appoint upon nomination of the committee on nursing education, a board of examiners in nursing to consist of 5 registered nurses who shall be residents of the state and citizens of the country. The members of this board shall have at least 3 years' experience in their profession and 3 members of said board shall be connected with accredited school of nursing; the term of office of each member shall be 3 years, and the members of the board of examiners in nursing at the time of the passage of this act shall continue in office for the remainder of the term for which they were appointed. Any vacancy which may occur in said board shall be filled by the director of the department of health in the same manner as an original appointment is made for the remainder of the term.

The board of examiners in nursing shall elect annually a secretary from its membership. The secretary shall keep a record of all proceedings of the board. The salary of the secretary shall not exceed $20,000 annually. The members of said board, except the secretary, shall each receive the sum of $1,000 per day every day employed in the work of the board and all members shall be paid necessary traveling and other expenses while so employed.

The administrator of professional regulation shall maintain a register of all nurses registered or licensed under this chapter which shall be open at all reasonable times to public inspection and shall be corrected of all records pertaining to the registration and licensing of nurses and shall have custody of the official seal.

The board of examiners in nursing shall conduct all nursing examinations subject to the rules and regulations of the committee on nursing education and said board may employ such outside technical assistance as may be desired necessary or advisable.

7 Ibid.
8 Ibid., Section 4, 5.
Administrative Organization (Continued)

Board of Examiners in Nursing: Duties, Membership (Continued)

Persons desiring to become registered nurses shall make application in writing to the board of examiners in nursing. Such application shall be accompanied by a fee of $7.00. The examination shall include questions in such subjects as shall be determined by the state committee on nursing education. If the results of such examination are satisfactory to a majority of the board of examiners in nursing, the applicant shall be registered as hereby provided and shall receive a certificate of such registration signed by the secretary of the board of examiners in nursing, the administrator of professional regulation and the director of health and shall be entitled to practice as a registered nurse in this state. This section shall not apply to nurses holding certificates prior to June 1, 1938.

State Director of Nursing Education 11

The director of the department of health shall appoint a qualified registered nurse as state director of nursing education in accordance with the provisions of chapter 561 of the public laws, 1939, as amended. The said director of nursing education shall visit each school of nursing and each affiliated organization in the state at least once during each year and shall submit a written report of each visit to the committee on nursing education and perform such other related duties as the committee on nursing education shall prescribe.

7 Ibid.
10 Ibid., Section 6.
11 Ibid., Section 3.

Ibid. - 10
- 11

Administrative Organization (Continued)

Board of Examiners in Nursing: Duties, Membership (Continued)

State Director of Nursing Education

1. The state director of nursing education is required to make an annual visit to each school of nursing and each affiliated organization in the state; a constituent which might prove impossible and/or unnecessary.
SELECTED PRINCIPLES OF LEGISLATION RELATING TO NURSES

Licence of Registered Nurses

Qualification of Applicants for Examination

1. When possible within the realm of safety, qualifications for licence are kept free of restrictive provisions.

Licence of Registered Nurses

Qualifications of Applicants for Licence by Examination

Since residency or practicing a profession in the state and citizenship or declaration of intentions to become a citizen of the United States does not affect one's competency as a nurse, it is not necessary to include such qualifications in a law. The inclusion of a stipulation that one be a graduate of a three-year program in nursing in order to obtain licence is restricting and might better be replaced by a more general qualification to the effect that one must have completed a basic professional curriculum in an accredited school of nursing. The suggested more general qualification would allow the policy-setting group to change the length of a program as a requirement for licence, if such a change seemed desirable.

12 Ibid.

13 Ibid., section 7.
SELECTED PROVISIONS OF NURSING PRACTICE ACT INCONSISTENT WITH PRINCIPLES OF LEGISLATION RELATING TO NURSING

Licenses of Registered Nurses (Continued)
Qualifications of Applicants for Licenses by Endorsement

Licenses of Registered Nurses (Continued)
Qualifications of Applicants for Licenses by Examination

Licenses of Practical Nurses
Qualifications of Applicants for Examination

1. Whenever possible within the realm of safety, qualifications for licensure are kept free of restrictive provisions.

Any person holding a certificate from an institution approved by the committee on nursing education which gives a course of instruction in the care of the sick meeting the standards for practical nursing prescribed by the committee on nursing education, shall be eligible for examination for certification as a practical nurse upon payment of the examination fee of $1.00. Such applicant must be of good moral character, at least 18 years of age, a citizen of the United States or has proved his intention of becoming a citizen of the United States by presenting his declaration of intention, properly signed under oath, provided that proof of full United States citizenship shall be presented to said board of examiners in nursing within 2 years after certification, and shall have completed such preliminary education as may be specified by the committee on nursing education. Such examination shall be before the board of examiners in nursing and shall include such subjects as the committee on nursing education shall determine. All applicants passing such examination to the satisfaction of the board of examiners in nursing shall receive a certificate as practical nurses in this state signed by the secretary of the board of examiners in nursing, the administrator of professional regulation and the director of health. (Chap. 27, Act. 1959)

15. Ibid., Section 15.

16. Ibid., Section 16.

SELECTED PROVISIONS OF NURSING PRACTICE ACT INCONSISTENT WITH PRINCIPLES OF LEGISLATION RELATING TO NURSING

Licenses of Registered Nurses
Qualifications of Applicants for Licenses by Endorsement

Licenses of Practical Nurses
Qualifications of Applicants for Examination
LICENSEE OF PRACTICAL NURSES (Continued)

Qualifications of Applicants for Licensee by Waiver

1. Since a permissive law does not legislate current practitioners out of the field, it is not necessary to provide licensure by waiver of requirements.

2. Candidates for licensure by waiver are required to submit evidence of adequate institutional training and be required to pass an examination.

3. Good moral character and good physical mental health is a requirement for all forms of licensure.

4. A waiver is provided for a limited time.

SELECTED PROVISIONS FROM NURSING PRACTICE ACT ENACTED IN RHODE ISLAND DURING 1963-1964

LICENSEE OF PRACTICAL NURSES (Continued)

Qualifications of Applicants for Licensee by Waiver

The division of professional regulation may issue a certificate of practical nursing without examination to any person who has applied in writing and who has presented proof satisfactory to the board of examiners in nursing that he or she is a resident of Rhode Island, and has been continuously employed as an attendant or practical nurse for a period of at least 2 years prior to the passage of this chapter and that such employ- ment was the major occupation pursued by such person during such period, or to any person holding a certificate from a school of practical nursing whose course of instruction began prior to January 1, 1964. All applica- tions for a certificate by such waiver must be made to the division of professional regulation within one year of the date of passage of this chapter. All such certificates must be signed by the secretary of the board of examiners in nursing, the administrator of professional regulation and the director of health.

Qualification of Applicants for Licensee by Enforcement

Any person who has been certified as a practical nurse or as a person entitled to perform similar services under a different designation in another state and who meets the requirements for certification in this state may, upon furnishing satisfactory proof to the board of examiners in nursing and, at the discretion of said board, be eligible for certification in this state without examination, upon payment of the fee of $15.00.

17 Title 11.
18 Title 11, Section 15, 16.
Removal of Licenses, Registered and Practical Nurses

1. Provisions require the completion of an application and the verification of its accuracy before reissuance of the license.

2. Procedures are outlined for the nurse to follow while she is inactive and when she wishes to renew her license.

3. Provisions are included to cover the practitioner of nursing who practices illegally by not renewing her license.

COUPLED PRACTICE ACT (continued)

RENEWAL OF LICENSES, REGISTRED AND PRACTICAL NURSES, TITLES PROTECTED

Removal of Licenses, Registered and Practical Nurses

1. No provisions are made to insure the verification of the accuracy of an application made to renew one's license.

2. Excluded from this were any procedures providing for an inactive list of nurses and outlining the method to be used by such a person, if she wishes to renew the practice of nursing.

3. Provisions are omitted for penalizing the nurse who practices nursing without renewing her license.
The purpose of a licensure law is to issue the safe nursing care of public by requiring the licensure of all who nurse for hire.

A persuasive law does not require "Exceptions" because such legislation protects only titles.

---

**CONSERVATIVE SUMMARY I (Continued)**

**VIOLATION OF ACT: EXCEPTIONS**

**VIOLATION OF ACT: EXCEPTIONS**

Any person who shall willfully make any false representation to the board of examiners in nursing in applying for registration, or during examination by said board, shall, upon conviction thereof, be fined not less than $100.00, nor more than $500.00.

Any person violating any of the provisions of this chapter, except as provided in the preceding section, shall, upon conviction thereof, be fined not less than $50.00, nor more than $200.00.

**EXCEPTIONS 2n**

Nothing in this chapter shall prohibit the incidental care of the sick by domestic servants or by persons primarily employed as householders; nor prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of emergency; nor shall it be construed as prohibiting persons employed in state or licensed hospitals and sanatoriums from assisting in the nursing care of patients, if adequate medical and nursing supervision is provided; nor shall it be construed as prohibiting students who are enrolled in accredited schools of nursing from performing such work as is incidental to their respective courses of study; nor shall this chapter be construed to apply to registered nurses or licensed practical nurses of other states temporarily engaging here, provided such temporary residence shall not exceed 6 months; nor shall this chapter be construed to prohibit the gratuitous nursing of the sick by friends or members of the family or to any person nursing the sick for hire, providing that they do not in any way assume or claim to be registered nurses or practical nurses.

---

2n Ibid.
23 Ibid., Section 11, 12.
24 Ibid., Section 18.
COMPARATIVE SUMMARY II

PLACEMENT OF BOARD OF NURSE REGISTRATION AND NURSING EDUCATION WITHIN DEPARTMENT OF HEALTH, TERMS OF OFFICE, QUALIFICATION OF BOARD MEMBERS

COMMENTS OF STANDING COMMITTEE ON LEGISLATION, AMERICAN NURSES' ASSOCIATION, ABOUT PROPOSED BOARD OF NURSE REGISTRATION AND NURSING EDUCATION AND COMMITTEE OF CONSULTANTS

Placement of Board of Nurse Registration and Nursing Education Within the Department of Health

It is recognized that the board has functioned there in the past and change may not be easy, but would it not function more effectively if it were an independent board, similar to whatever is set up for physicians? It would more directly be responsible to the nursing profession if it were not first responsible to another administrative unit within the State government.

Term of Office

It is my personal belief that the term of office on the board should be five years. This means that, with a five-nurse board, only one could be changed on an annual basis. It happened that I was on a board where the term of office was as is described in the proposed Rhode Island amendments, when the political party changed. The governor appointed two new members, one year and two the next, which meant that in a two-year period there were four new members on the board. This constitutes a real problem in continuity in carrying out the work of the board. In the last paragraph in that section, I believe a statement should be added that any member may be removed from office following a hearing, which would give to the member a chance to defend himself against any unjust accusations.

Qualification of Board Members

I would suggest eliminating the category "supervision in schools of nursing". Supervisors are employed to supervise nursing service, rather than employed in the school of nursing to supervise the educational program. It would seem to me that administration and teaching would cover the educational experience.

19 Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.

ACTION OF COMMITTEE ON LEGISLATION, RHODE ISLAND STATE NURSES' ASSOCIATION, ABOUT PROPOSED BOARD OF NURSE REGISTRATION AND NURSING EDUCATION AND COMMITTEE OF CONSULTANTS

Placement of Board of Nurse Registration and Nursing Education Within the Department of Health

Any action about this suggestion was prohibited by Rhode Island General Laws 1930, Chapter V.

Term of Office

No action was taken about the terms of office, because a study revealed that, despite change in political control of the State government, some members had served the state committee on nursing education since its creation in 1935, and all new appointments were made only when voluntary resignations occurred. Provisions were not made for a public hearing in instances where a board member might be removed for unjust accusations, because it was agreed that, should such a situation arise, sufficient pressure could be brought about in a small state like Rhode Island to make necessary the suggested hearing.

Qualification of Board Members

Supervision in school of nursing as a qualification for board membership was deleted.

20 Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.
COMPARATIVE SUMMARY II (Continued)

COMMITTEE OF CONSULTANTS

COMMITTEE OF STANDARDS COMMITTEE ON LEGISLATION, AMERICAN NURSES' ASSOCIATION
ABOUT PROPOSED BOARD OF NURSE REGISTRATION AND NURSE EDUCATION AND COM-
MITTEE OF CONSULTANTS

Committee of Consultants

I would suggest that the committee which is to act as consultants to the board be named a 'Counselling' committee. In the first place, consultants are usually not organized into a committee. Probably what is intended here is a committee to act in an advisory capacity. I am not completely sure what is meant by rendering "assistance" to the board. Does this mean that it would engage in administrative activities? It would not seem advisable to require that it meet at least four times annually. If the board has the power to call the committee when it is needed, it is not necessary to set any specific number of meetings. It is also not clear whether the representative of the Practical Nurses' Association is to meet with the advisory committee to discuss professional schools, or whether she is only to meet in discussing practical nurse matters. According to the way in which this advisory committee is set up, it actually is functioning as a second board, since it has terms of office and is appointed in the same way as the board. It would appear to be actually in effect more than an advisory committee. If the philosophy of the board is to seek expert technical and professional counsel on problems as they occur, from recognized authorities in problem areas, would its members not get more effective assistance if they were given a free hand than from a fixed committee, whose composition is determined by professional affiliation?

ACTION OF SUBCOMMITTEE ON LEGISLATION, RHODE ISLAND STATE NURSES ASSO-
CIATION, ABOUT RECOMMENDATIONS MADE BY STANDARDS COMMITTEE ON LEGISLATION,
AMERICAN NURSES' ASSOCIATION

Committee on Consultants

No changes were made about the committee, because it was agreed that:

1. The duties and powers of the board were defined clearly enough in the bill, so that its responsibilities as the policy-making group could not be confused with the advisory functions of the Committee of Consultants.

2. Allied groups would more readily accept the proposed board if the bill contained some assurance for required consultation, on an advisory level, with members of other professions.

3. No difficulties would arise from the presence of a practical nurse at all meetings of the committee of consultants, because the bill's qualifications for her appointment required the selection of a dependable representative.

No changes were made in the fixed membership of the Committee of Consultants, because it was felt that there was nothing in the bill to prohibit the board from seeking expert advice in other areas, if the need arose.

---

Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.

Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on legislation, 1951. Address, op. cit.
September 30, 1950. Following a report of the American Nurses' Association's conference on legislation, the members of the committee voted at this meeting to make two recommendations to the Board of Directors. These recommendations read:

1. The committee recommends that the Rhode Island State Nurses' Association work towards the possibility of introducing a mandatory nursing practice act to the 1953 State Legislature and in the interim that we work in cooperation with the Practical Nurses' Association of Rhode Island in preparing the desired amendments and details.

2. The committee refers to the Board the question of securing finances and legal advice.

On October 3, 1950, the Board of Directors voted to approve the first recommendation made by the Committee on Legislation and to refer the second suggestion to the membership of the Rhode Island State Nurses' Association at its annual meeting to be held on October 27, 1950. The Board of Directors authorized a group of its members to consult an attorney before the annual meeting to determine the approximate cost of employing legislative counsel and also to make an estimate of whatever other expenses would be incurred for printing, mailing, stenographic services and if necessary, the employment of a person to assist with public relations.

Following a report of the American Nurses' Association's conference on legislation, the Rhode Island State Nurses' Association, Minutes of Meeting of Board of Directors, 1950. Address, op. cit.
Association at its annual meeting held on October 27, 1950 voted as follows:

1. To work towards the possibility of introducing a mandatory nursing practice act to the 1952 legislature with the understanding that during the interim we work in consultation with the Practical Nurses' Association in preparing the desired amendments.

2. To approve the use of legal counsel as a lobbyist and an advisor.

3. To finance the program to cost between $3,500 and $2,000 from the Association's reserve fund.  

Since the records indicate that there were four thousand one hundred and forty nurses registered in Rhode Island during 1950, the action of the Rhode Island State Nurses' Association, with its membership of nine hundred and nine, would appear to be a mandate from only a small percentage of the nurses of this State. The disproportion between the actual and potential vote of the nurses of Rhode Island must be evaluated in the light of the fact that there is no way of determining how many practitioners licensed in Rhode Island during 1950 were inactive or working in other states.

---


5. Ibid., p. 39
The Organization of the Rhode Island State Nurses' Association
for the Conduct of its Legislative Program.

During November, 1950, the Rhode Island State Nurses' Association retained legal counsel, enlarged its Committee on Legislation from eleven to thirty members and created similar committees in its three district associations. The chairmen of the district committees were members of the Committee on Legislation. The membership of the state and district committees was limited to current members of the Rhode Island State Nurses' Association, represented all branches of nursing and included at least one nurse constituent from each of the forty-four senatorial districts in the state. It was agreed that, in instances where a committee member represented a senatorial district with more than one member in the House of Representatives, she would assume responsibility for keeping nurse constituents from the various representative districts informed and active.

Review of Activities of Committee and Subcommittee on Legislation.

Early in its deliberations, the Committee on Legislation appointed a subcommittee of ten of its more experienced members to work directly with the attorney in drafting the bill. It was agreed to hold meetings of the full committee as often as necessary to keep the members informed of developments and to
invite to these meetings the members of the Committee on Legislation of the Practical Nurse Association of Rhode Island as consultants.

A total of twenty meetings was held between the first meeting of the Committee on Legislation held on January 24, 1951 and February 19, 1952, the day the bill was introduced in the Senate. Ten of these meetings were held by the subcommittee itself and ten were joint meetings of the subcommittee and the Committee on Legislation. The attorney was present at each of these meetings. During this period, six drafts of the bill were made.

The first two meetings of the Committee on Legislation were held on January 24 and February 13, 1951. The discussion at these two meetings was necessarily general in nature since this was the first experience for most of the members with a legislative program in nursing. It included a study of the recommendations made by the American Nurses' Association for the promotion of successful legislation. Considerable time was spent reviewing the procedure to be followed from the time a bill is introduced into the General Assembly until it becomes law in Rhode Island. Also discussed were the problems encountered by the Rhode Island State Nurses' Association during their unsuccessful attempt to obtain a mandatory nursing practice act in 1948. A review of Suggestions for Major
Provisions to be Included in a Mandatory Nursing Practice

Act did a great deal to help members understand the changes which needed to be made in Rhode Island's current law.

Seven meetings of the Subcommittee on Legislation were held between February 13 and June 5, 1951. The bill that was presented to the Committee on Legislation for approval on June 25, 1951 was, except for very few changes, the same bill which was introduced into the General Assembly on February 19, 1952. The meetings of the Committee on Legislation and/or the subcommittee held from September 6, 1951 through March 24, 1952 were devoted to the consideration of such matters as the following:

1. The advisability of making changes in the proposed bill suggested by the Rhode Island Medical Society, the Hospital Association of Rhode Island, the Standing Committee on Legislation of the American Nurses' Association and the General Assembly.

2. The formulation of plans to insure that in so far as possible, each Senator and Representative be interviewed personally by one of his nurse constituents concerning the proposed bill.

3. The preparation, discussion and distribution of printed material to be used by nurses when interviewing
legislators about the bill.

4. The evaluation of written summaries made by nurses following their conferences with Senators and Representatives.

5. The making of arrangements for members of the Committee on Legislation to speak about the need for the bill to such organizations as Parent Teachers Associations and the Women's Joint Legislative Committee of Rhode Island.

**Development of Proposed Nursing Practice Act**

A review of the minutes of the meeting of the Committee on Legislation and its Subcommittee reveals that most of the provisions suggested by the American Nurses' Association for incorporation into a mandatory nursing practice act were adopted without question, the only major exception being the provision for a waiver of requirements for the licensure of practical nurses.

The Committee on Legislation, early in its deliberations, decided to introduce the bill into the General Assembly without the provision for waiver of requirements to license practical nurses. Ordinarily, such a provision is considered necessary when a mandatory law is first passed. It was excluded by the Committee on Legislation on the assumption that legislators
would accept the proposed law without such a provision because twelve hundred and thirty-seven individuals received licenses as practical nurses when the permissive nursing practice act was amended in 1948.

Appendix A of this study contains a summary which compares the mandatory nursing practice act proposed by the American Nurses' Association with the law which was passed by the Rhode Island General Assembly following its approval by the Rhode Island State Nurses' Association and the Practical Nurse Association of Rhode Island. This comparative summary lists the reasons why the State Committee on Legislation did not adopt all of the provisions proposed by the American Nurses' Association.

Most of the remaining sections of this chapter are devoted to a presentation of the various sections of the bill which proved most difficult to develop. It refers also to the action taken by the Committee on Legislation and/or its subcommittee concerning the bill following its submission to the State Committee on Nursing Education, the Hospital Association of Rhode Island, the Rhode Island Medical Society and the Standing Committee on Legislation, American Nurses' Association. This data is presented under the following topics:

7Rhode Island Department of Health, Record of Licensed Practical Nurses, 1948-1949. On file with Division of Professional Regulation, 266 State Office Building, Providence, Rhode Island.
1. Board of Nurse Registration and Nursing Education and Committee of Consultants.

2. Qualifications of Applicants for Licensure as a Registered Nurse.


4. Renewal of License.

5. Disposition of Funds.

6. Schools of Nursing - Survey.


8. Exceptions.

The last topic in this chapter presents the question raised by the Standing Committee on Legislation of the American Nurses' Association as to whether the nurses in Rhode Island were of sufficient numerical strength to make possible the enforcement of mandatory legislation.

Board of Nurse Registration and Nursing Education and Committee of Consultants.

Although in full agreement with the American Nurses' Association that a nursing practice act should be administered by a single board having both educational and licensing functions and composed of qualified registered nurses, the early deliberations of the Subcommittee on Legislation reveal that the members were convinced such a board would not be accepted
in Rhode Island. This opinion was based on the assumption that it would be difficult to justify the reasons for an all nurse board in light of the fact that the State Committee on Nursing Education had functioned effectively for seventeen years.

One of the first proposals made by the Subcommittee on Legislation would, if adopted, have substituted a single Board of Nurse Registration and Nursing Education for the State Committee on Nursing Education and the Board of Examiners, which Board would have been composed of seven non-nurses and ten nurses with a stipulation that the responsibility for granting licenses be delegated to a panel of five of its nurse members. If the proposal had been adopted, it would have provided for a Board of Nurse Registration and Nursing Education composed of the following:

One superintendent of an incorporated hospital maintaining an accredited school of nursing, one representative of the Hospital Association of Rhode Island, one physician participating in the teaching program of an accredited school of nursing, one educator actively connected with a college or university, one representative from the Rhode Island Medical Society, one representative from the Rhode Island Organization for Public Health Nursing, three representatives from the Rhode Island State League of Nursing Education, four representatives from the Rhode Island State Nurses' Association, a registered nurse member of the faculty of a local school of practical nursing, and the state director of nursing education, the director of health and the administrator of professional regulation ex-officio.3

The first step taken to reduce the size of the proposed Board of Nurse Registration and Nursing Education occurred at the meeting of the Subcommittee on Legislation held on April 17, 1951. The minutes of this meeting read as follows:

It was the consensus of the group that seventeen members make too large a board and that thirteen should be the maximum ... In order to decrease the number of lay members, it was felt that the 'superintendent of an incorporated hospital with an accredited school of nursing' and 'one representative of the Hospital Association of R.I.' could be one person and read 'one representative of the Hospital Association of Rhode Island who is a director or other administrative representative of an incorporated hospital maintaining an accredited school of nursing'. Similarly, it was felt that 'one physician participating in the teaching program of an accredited school of nursing' and 'one representative from the R.I. Medical Society' could be one person and read 'a member of the R.I. Medical Society who participate in the teaching program of an accredited school of nursing' .... Of the professional nurses on the board it was suggested that six nominated by the State Nurses' Association, one a registered nurse member of the local School of Practical Nursing and the State Director of Nursing Education.\(^9\)

The thirteen-member Board proposed on April 17, 1951 would have been composed of the following:

A member of the Hospital Association of Rhode Island who is a director or other administrative representative of an incorporated hospital maintaining an accredited school of nursing, a member of the Rhode Island Medical Society who participates in the teaching program of an accredited school of nursing, one educator actively connected with a college or university, six members of the Rhode Island State

---

\(^9\)Rhode Island State Nurses' Association, Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.
Nurses' Association, a registered nurse member of the faculty of a local school of practical nursing, and the state director of nursing education, the director of health and the administrator of professional regulation ex-officio.10

When the Subcommittee on Legislation met again on April 23, 1951, a member questioned whether the appointees to the proposed board from the Rhode Island Medical Society and from the Hospital Association of Rhode Island could be connected with an affiliating school as well as one with a basic program in nursing. It was decided to write to the American Nurses' Association for advice on this matter and to enclose with the letter a copy of the membership of the board, as proposed by the Subcommittee on Legislation at its meeting on April 17, 1951.

A prompt reply was received from the Associate Executive Secretary of the American Nurses' Association which read as follows:

Concerning your questions relating to the membership of the board, the American Nurses' Association has adopted the principle that only qualified registered nurses should be appointed to the board. It is a well recognized principle of all other professional licensing groups that only members of the profession should determine the standards for its school and for the licensure of its members. Therefore, the proposed membership for the Rhode Island board could not have ANA approval. We do believe, however, that it is helpful to have the view of other related fields and would recommend that the bill provide for the appointment of a committee composed of personnel as proposed in the

draft to serve in a consultative but not executive capacity to the board. A board of thirteen members is unwieldy as well as expensive. Five members is average. Nurses nominated to serve on the board should be actively engaged in teaching or administering a school of nursing. An approved affiliating institution is regarded generally as a part of a school and nurse faculty members in an affiliating school should not be excluded from appointment if they are otherwise qualified.11

On May 16, 1951, the Subcommittee on Legislation made what proved to be a very wise decision. On this occasion, the members authorized the attorney to make tentative provisions in the proposed bill for a Board of Nurse Registration and Nursing Education and a Committee of Consultants as suggested by the Associate Executive Secretary of the American Nurses' Association. They also directed the Chairman of the Committee on Legislation to consult with the State Committee on Nursing Education with reference to this proposal. Several members of the Subcommittee on Legislation were of the opinion that the State Committee on Nursing Education would see the wisdom of this move. It was agreed that if the State Committee on Nursing Education gave its support to the bill it would prove helpful when the proposed bill was submitted to other allied professional groups.

11 Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.
The provisions added to the proposed bill for the membership of the board and Committee of Consultants are included in Appendix B of this study. These provisions, approved by the Committee on Legislation on June 6, 1951 provide a basis for understanding the changes made in this section of the bill after its presentation to the State Committee on Nursing Education, the Standing Committee on Legislation of the American Nurses' Association, the Rhode Island Medical Society and the Hospital Association of Rhode Island.

The minutes of the State Committee on Nursing Education held October 17, 1951 contain excerpts from the report of the chairman of the State Committee on Legislation of the Rhode Island State Nurses' Association which read as follows:

In her report, the chairman outlined the reasons why the Rhode Island State Nurses' Association considered it advisable to work towards mandatory nurse legislation. Among the reasons outlined was the possibility that if the professional nurses don't assume this responsibility, the practical nurses might follow the suggestion made to their association by a state legislator who advised this group to prepare and submit with his support, their own such law .... The chairman explained that the state committee on nursing education was the first outside group to be consulted about the advisability of proceeding with the legislation. She stated that the Rhode Island State Nurses' Association desired the committee's help about the composition of the policy setting group and she raised the question of whether this should be an all nurse board, an all nurse board and an advisory council made up of representatives from other professions, or a mixed board similar in makeup to the present state committee on nursing education.  

12 Rhode Island Department of Health, Minutes of Meeting State Committee on Nursing Education, 1951. On file with Division of Professional Regulation, Address, op. cit.
After careful deliberation, the State Committee on Nursing Education, upon motion of a physician, voted to approve the proposed nursing practice act, including the membership of the Board of Nurse Registration and Nursing Education as contained in Appendix B of this study. The State Committee on Nursing Education recommended that a trained practical nurse be appointed to the Committee of Consultants and suggested that provisions be included in the bill requiring the Board to meet with the Committee of Consultants at least four times yearly. By making the latter suggestion concerning joint compulsory meetings of the Board and the Committee of Consultants, the State Committee on Nursing Education took the position that such a requirement might lessen resistance from allied groups to the suggested policy setting body. The State Committee on Legislation adopted these recommendations and added two provisions to the section of the proposed bill pertaining to the Committee of Consultants. The first addition read: "... The committee shall be composed of ... a member of the Practical Nurses' Association who has been licensed in this state and is a graduate of an approved program from a school of practical nursing."13 The second provision read: "... The counselling committee shall meet at least four times

annually upon the call of the board, and shall render counsel and assistance to the board."\(^{14}\)

The action taken by the State Committee on Nursing Education was a source of much encouragement to the Rhode Island State Nurses' Association. However, as of January 1, 1952, the Rhode Island Medical Society, the Standing Committee on Legislation, American Nurses' Association and the Hospital Association of Rhode Island had not yet been heard from.

At a meeting of the Committee of Public Laws of the Rhode Island Medical Society with two members of the Subcommittee on Legislation held on January 4, 1952, no opposition was expressed to the proposed Board of Nurse Registration and Nursing Education. The only question raised by the physicians with reference to this section of the bill concerned the constitutionality of the requirement of compulsory appointment of board members from lists submitted by the Rhode Island State Nurses' Association. Nevertheless, the Committee on Legislation decided to retain this provision in the bill.

After notifying the Rhode Island State Nurses' Association of their objections to the proposed Board of Nurse Registration and Nursing Education, the Board of Trustees of the Hospital Association of Rhode Island agreed to confer with the

\(^{14}\)Ibid.
State Committee on Legislation. This meeting was scheduled for January 16, 1952 at 3 P. M. Two hours prior to the scheduled time of the meeting, a pre-planning conference of nurses was held at which it was agreed that under no conditions should the provision in the bill for the all nurse board be sacrificed.

The only section of the bill discussed during the meeting by the Trustees of the Hospital Association of Rhode Island was the proposed Board of Nurse Registration and Nursing Education and the Committee of Consultants. Among the suggestions made by the hospital administrators was one which would have reversed the executive power of the Board and the advisory functions of the Committee of Consultants. The conference held on January 16, 1952 proved to be a fruitful one although a letter was received from the Hospital Association of Rhode Island following the meeting in which its position was made clear in the following language: "... that the principal objection by the majority of the Trustees continued to be the proposed board." Despite the attitude of the Hospital Association, the meeting brought good results. The hospital administrators pointed out, for example, that there were no provisions in the bill to insure the appointment of qualified

nurse educators on the Board or to prohibit the appointment of four of its five members from one professional school of nursing.

Consequently, at a meeting of the Subcommittee on Legislation held January 24, 1952, the section of the proposed bill contained in Appendix B of this study was changed. The provisions for the Board of Nurse Registration and Nursing Registration was amended as follows:

Board of Nurse Registration and Nursing Education

Appointment, Term of Office

Within thirty days following passage of this act the director of health shall appoint a board consisting of five registered nurse members to constitute a board of nurse registration and nursing education, with the duties, powers and authority as set forth in this chapter. The board shall be composed of the following persons: one member from the faculty of an accredited basic collegiate school of nursing; two members from the faculties of accredited basic non-collegiate schools of nursing; one member from the faculty of a school or agency providing an accredited affiliating program in nursing education; and one member from the faculty of an accredited school or affiliating program for practical nurse training. No school of nursing or affiliating agency shall have more than one representative on the board. The original term of office shall be one member for one year, two members for two years and two members for three years. No member of the board shall serve more than two consecutive terms including any time for unexpired terms.

The director of health may remove any members from the board for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct.
Vacancies shall be filled in the same manner as the original appointment.

**Qualifications of Members**

Each member of the board shall be a citizen of the United States and shall reside in the state of Rhode Island and shall have been graduated from an accredited school of nursing and shall be registered or eligible for registration in the state of Rhode Island. Each member of the board shall have had at least five years successful experience in nursing education in any one or any combination of the following positions: administrator in an accredited school of nursing; instructor in an accredited school of nursing; instructor in an accredited school of practical nursing; instructor in a school of nursing or agency providing an accredited affiliating program in nursing education. Each member of the board shall have a knowledge of the total basic educational program in nursing and shall have been actively engaged in nursing education for at least two years immediately preceding appointment or reappointment.

Before beginning his or her term of office, each member of the board shall take the oath prescribed by law for state officials, which oath shall be filed with the secretary of state.16

One revision was made in the section of the proposed bill with reference to the Committee on Consultants following the meeting with the Hospital Association of Rhode Island. This amendment changed the clause that was added to conform to the suggestion of the State Committee on Nursing Education. This clause read: "... the Counseling Committee shall meet at least four times annually upon call of the board and shall render counsel and assistance to the board."17 The clause

---


which was substituted was as follows:

... The Counseling Committee shall meet at least four times annually upon the call of any three members of the board or the committee ... concerning any matters coming within the purview of this chapter which in the opinion of the board and/or the counseling committee shall be deemed necessary or expedient.\textsuperscript{13}

Although this change merely allowed the proposed Committee of Consultants to call a meeting of the Board as it deemed necessary, the Subcommittee on Legislation was hopeful that it might prove more acceptable to the Hospital Association of Rhode Island. There is no indication in the record of the reaction of the Hospital Association of Rhode Island to this suggestion. However, it is significant that no further objections were received from the Hospital Association of Rhode Island after its receipt of the revised section of the bill pertaining to the Board of Nurse Registration and Nursing Education and the Committee of Consultants nor did the Association voice any opposition to the bill after its introduction in the General Assembly.

The comments made with reference to the Board of Nurse Registration and the Committee of Consultants by the Standing Committee on Legislation of the American Nurses' Association as well as the action taken thereon by the Subcommittee on Legislation are shown in Comparative Summary II.

Qualifications of Applicants for Licensure as a Registered Nurse.

Most of the deliberations of the Subcommittee on Legislation dealing with the qualifications for licensure as a registered nurse were concerned with the question of whether or not this section of the bill should include the following clause: "... Shall meet other qualifications as the Board may prescribe." There was considerable hesitation about including this provision because the attorney advised that the General Assembly did not approve of laws which allowed discretionary power to licensing boards. Following a series of newspaper articles criticizing many of the state's laws which permitted boards to prescribe qualifications for licensure, the Subcommittee on Legislation finally decided not to include the debatable provision in the nursing bill. In the opinion of the Subcommittee on Legislation, the deletion of this clause necessitated the addition of a provision for minimum age for licensure and raised the question of whether or not citizenship or declaration of intentions of becoming a citizen should continue to be one of the qualifications for the granting of a license in Rhode Island.

The Subcommittee on Legislation decided to add a clause to the proposed bill setting the minimum age for licensure at twenty years. Consequently, no action was taken by the

---

Committee on Legislation on the suggestion of the Standing Committee on Legislation of the American Nurses' Association which read: "Since the 'major provisions' no longer suggest an age requirement it would seem this could be removed."24

The Subcommittee on Legislation also decided that citizenship or declarations of intentions of becoming a citizen should not continue to be a qualification for licensure. This decision was based on the opinion of the Subcommittee on Legislation that one's status as a citizen did not affect a person's competency to render skillful care of the sick.

Provisions for Temporary Licenses

Conforming to Suggestions for Major Provisions to be Included in a Mandatory Nursing Practice Act25 the early drafts of the bill did not contain any allowance for the employment of nurses licensed in other states by civilian hospitals or other health agencies in Rhode Island pending receipt of their licensure by endorsement. Several members of the Subcommittee on Legislation expressed concern about this matter. They were convinced that the lack of such a provision would require nurses licensed in other states to obtain licensure by endorsement before they could work in Rhode Island. The members of

---

24 Correspondence from American Nurses' Association, 1951, On file with Rhode Island State Nurses' Association, Address, op. cit.

the Subcommittee on Legislation agreed that the omission of such a provision might discourage nurses from migrating into the state. For this reason, the Subcommittee gave much consideration to the advisability of making provisions in the bill for granting temporary licenses to such nurses. Before taking any definite action in the matter, the members sought the advice of the American Nurses Association and received a prompt reply from the Associate Executive Secretary of the American Nurses' Association which read:

Concerning the advisability of a temporary license, there are only a few states which have such provisions in their laws. In one state having such a provision, a temporary license was granted to a nurse while her registration was pending and after evaluation of her credentials, she was found to be ineligible. The license was denied by the board and she went to court. The decision was that if she qualified for a temporary license, she qualified for a permanent license.

If the Rhode Island State Nurses' Association decides to include such a provision, it should be limited to the shortest period possible, probably not to exceed three months and I would think it advisable to include a provision that the nurse should have filed her application and must complete her papers within three months. Also it would seem advisable to include a provision which would not make it necessary for the board to issue a permanent license in the event that the candidate's qualifications are deficient.26

The minutes of a meeting held by the Subcommittee on Legislation with the Associate Executive Secretary of the

26Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.
American Nurses' Association following receipt of the above letter reveal that she stated:

In regard to temporary licensure ... it is not advisable to issue temporary licenses but rather allow nurses to work in the state for a limited length of time, preferably not more than three months. At the beginning of this three month period, such nurses should have made formal application. It is desirable also to have this phase of the bill included in the 'exceptions'.

Accordingly, the Committee on Legislation agreed not to make provision in the proposed law for the issuance of temporary licenses, and decided instead to add to the "exceptions" clause in the bill a statement which read:

Nor shall it [this chapter] be construed as preventing persons who have been duly licensed by examination under the laws of other states, territories or foreign countries from practicing nursing in this state for a period of three months provided that they are duly licensed under the law of this state within three months from the commencement of their employment.

Rather than follow the recommendation of the American Nurses' Association that nurses licensed in other countries be granted temporary licenses, the Committee on Legislation chose to include them in the exemptions clause of the proposed law.

27 Rhode Island State Nurses' Association, Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.
Renewal of License

The Committee on Legislation agreed with the following recommendation of the Standing Committee on Legislation of the American Nurses' Association which read:

I am not in favor of adding any additional fees for reinstatement. If the person has not renewed because she is not practicing nursing she should not be penalized since she has not broken the law. If she has been practicing nursing during this period she is taken care of under the provision ... that she will be considered an illegal practitioner and subject to the penalties.30

The members of the Committee did not feel that the bill imposed any penalty for such an inactive person, however, because it provided for the transfer of her name to an inactive list.

The Committee on Legislation decided to retain the $2.00 fee for reinstatement of the practitioner who failed to renew her annual license by March 1. The members were of the opinion that the provision might help make nurses more aware of the importance of renewing one's license promptly, which opinion appears to be confirmed by the fact in the State of Rhode Island such a policy has been followed successfully for many years by other mandatory licensing boards.

30Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.
Disposition of Funds Collected for Licensure

Since Rhode Island General Laws 1938 Chapter V, requires that all fees collected by licensing boards be paid to the General Treasurer of the State of Rhode Island the Committee on Legislation was prohibited from making provisions in the proposed nursing law for allocation of such funds to the Board of Nurse Registration and Nursing Education. Therefore, no action was taken with respect to the suggestion made by the Standing Committee on Legislation, American Nurses' Association in relation to this matter which read:

Would it be possible for the Rhode Island board to make any comment with regard to the allocation of funds under this section for use by the board? This section makes no provision for the board to have any of its money.

Schools of Nursing - Survey

Suggestions for Major Provisions to Be Included in a Mandatory Nursing Practice Act recommended the inclusion of the following statement in the section of the bill pertaining to schools of nursing: "A school which fails to correct these conditions to the satisfaction of the board within a reasonable

---

21Rhode Island General Laws 1938 Chapter V.

22Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.

time shall be discontinued after hearing."34 This statement was changed in the bill by the Subcommittee on Legislation to make allowances for a school of nursing to regain accreditation subject to compliance with the board's standards. Accordingly, the following proposed provision was substituted:

A school which fails to correct these conditions to the satisfaction of the board within a reasonable time may be removed from the list of accredited programs of nursing until such time as the school shall comply with the standards required by the board.35

Also added to this section of the proposed law by the Subcommittee on Legislation was a provision which read as follows: "All accredited programs shall maintain accurate and current records showing in full the theoretical instruction and clinical experience given to each student."36 This clause was not suggested by the American Nurses' Association but was patterned after a similar statement in the Nursing Practice Act of the State of Kansas37.

---

34 Ibid., Appendix C. p. 11.


The Committee on Legislation made only one change in this section of the bill. This change required that a hearing be held before the Board could remove a school of nursing from the accredited list for failure to maintain standards. This change was made to conform to the suggestions of the Standing Committee on Legislation of the American Nurses' Association, which read:

I believe that schools of nursing, like individuals, should have the opportunity to appear at a hearing before the approval is removed. It would seem to me that this is the right of a school and an individual under our type of government. In the last sentence, I would prefer the word 'theoretical instruction and clinical experience' not be included since it continues our bad practice of separating theory and practice. The records show the education or the curriculum which has been given to each student.38

Disciplinary Proceedings

The comments of the Standing Committee on Legislation of the American Nurses' Association concerning this section of the bill read as follows:

It might be well to include under (a) that a person who has thrown himself on the mercy of the courts and then sentenced would also be considered as subject to discipline. This suggestion is made because of a case that arose in New Jersey when a doctor threw himself on the mercy of the court, was sentenced to prison for one year and then sued the board for the return of his license. The court awarded him the license because the doctor had never personally admitted his guilt.

38 Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.
The exact wording which is desirable can be found in the New Jersey Nursing Practice Act. 39

The Committee on Legislation decided not to make any changes in this section of the bill. This decision was made because its attorney advised that an incident such as the one described by the American Nurses' Association could not happen in Rhode Island. The law in this state provides that if a defendant pleads nolo, thus placing himself at the mercy of the court, it is equivalent to an admission of guilt; while under the New Jersey law, the physician was able to regain his license because he never admitted his guilt.

Exceptions

Two exemptions in this section of the proposed law were questioned; one by the Rhode Island Medical Society and the other, the Standing Committee on Legislation of the American Nurses' Association.

When the bill was presented to the Committee on Public Laws, Rhode Island Medical Society, the physicians expressed concern about the following exception in the proposed legislation:

No provision of this chapter shall be construed as prohibiting gratuitous nursing by friends or members of the family or as prohibiting the incidental care of the sick by domestic servants or persons primarily employed as housekeepers as long as they do not practice nursing within the meaning of this chapter. 40

39 Ibid.

The physicians and their legal counsel took the position that if the definition of practical nursing, as set forth in the bill, was strictly enforced, the above clause would not prove broad enough to allow simple nursing care in instances of minor illness. Consequently, the exemption was amended to the satisfaction of the Rhode Island Medical Society and the Rhode Island State Nurses' Association in such a way that, according to legal counsel, it would not interfere with the mandatory aspects of the proposed legislation. This amendment to the proposed law read as follows:

No provision of this chapter shall be construed as prohibiting gratuitous nursing by friends or members of the family or as prohibiting the care of the sick by domestic servants, housekeepers, nurse maids, companions, or household aids of any type whether employed regularly or because of emergency of illness providing such a person is employed primarily in a domestic capacity and does not hold himself or herself out to accept employment as a person licensed to practice nursing for hire under the provisions of this chapter.41

Although the American Nurses' Association did not propose an exception providing for the employment of people who assist in the nursing care of patients in hospitals and sanitariums, the Subcommittee on Legislation decided to add the following provision to the proposed bill:

Nor shall the provisions of this chapter be construed to prohibit persons employed in state and licensed hospitals and sanitoria from assisting in the

---

nursing care of patients if adequate medical and nursing supervision is provided.\(^{42}\)

This addition to the bill was made because of the Subcommittee's view that it was necessary to make some provisions in the bill for the employment of nurses' aides, orderlies and attendants by hospitals. While the bill did include an exception by which people employed in a domestic capacity who performed some nursing duties were exempted, the Subcommittee on Legislation was of the opinion that nurses' aides, orderlies and attendants were not engaged primarily for domestic purposes.

The suggestions of the Standing Committee on Legislation of the American Nurses' Association in connection with this section of the bill read as follows:

It would seem to me that the provision 'nor shall the provisions of this chapter be construed to prohibit persons employed in state and licensed hospitals and sanatoria from assisting in the nursing care of patients if adequate medical and nursing supervision is provided' would nullify any attempt to control nursing, particularly if all hospitals in the state are required to be licensed. I believe that this would make the law permissive not mandatory which seems to be the intention.

My question there is concerned with who shall determine and what shall be considered adequate medical and nursing supervision. There is some question in my mind as to whether this particular statement does not nullify the mandatory nature of the entire law.\(^{43}\)


\(^{43}\)Correspondence from American Nurses' Association, 1951. On file with Rhode Island State Nurses' Association, Address, op. cit.
Despite the comments made by the Standing Committee on Legislation of the American Nurses' Association, the Committee on Legislation did not consider it advisable to remove the questionable provision from the bill. The members were of the opinion that a nursing bill which might jeopardize the employment of ancillary personnel by hospitals, would not be accepted by the General Assembly. The Committee on Legislation agreed that if the proposed legislation was not strictly mandatory in nature, it would at least provide more control over the practice of nursing than the nursing practice act which had been on the statute books since 1943.

Adequacy of Nurse Power in Rhode Island for Mandatory Legislation.

The Standing Committee on Legislation of the American Nurses' Association posed the following question:

Is the nurse power such that Rhode Island is actually ready for mandatory licensure for both professional and practical nurses?

This question was raised because of the action of the Board of Directors of the American Nurses Association relative to the interpretation of the sixth plank of the platform of the Association. The statement covering this action was sent to the Rhode Island State Nurses' Association on October 22, 1951. 

---bid.
After pointing out that the principle of mandatory licensure is the ultimate goal toward which nursing should work, the statement continued, in part, as follows:

... it is the opinion of the Board that the first step in this direction should be mandatory licensing for professional nurses. This should be accomplished in all states with as little delay as possible. With regard to licensing of practical nurses, the Board believes that for the present it should be done on a permissive basis. Gradual development through permissive licensure would allow time for public education and the establishment of practical nurse programs according to acceptable standards ....

The basic essential is the assurance of an adequate supply of prepared nursing personnel.45

The Committee on Legislation decided to proceed with its legislative program without making any further changes in the bill. This decision was made for two reasons: First, the statement outlining the interpretation of the sixth plank by the Board of Directors, American Nurses' Association, was received by the Rhode Island State Nurses Association at a time when the proposed bill was about to be completed in final form and after other professional and community organizations had been asked to support it; secondly, the suggestions made by the Standing Committee on Legislation of the American Nurses' Association concerning the possibility that some of the exceptions in the proposed bill nullified its mandatory aspects caused
the Committee on Legislation to question if the suggested law was in conflict with the interpretation of the sixth plank of the American Nurses' Association's platform.

Thus a period of fifteen months elapsed between the time the Rhode Island State Nurses' Association voted to amend the nursing practice act and the completion of the bill in final form for introduction into the General Assembly.
CHAPTER V

THE ENACTMENT OF THE AMENDED NURSING PRACTICE ACT BY THE
RHODE ISLAND GENERAL ASSEMBLY

Approval of the Proposed Nursing Practice Act by the Rhode Island State Nurses' Association.

The proposed nursing practice act was approved at a special meeting of the Rhode Island State Nurses' Association held on December 12, 1951. This action was taken after the bill had been presented by the Chairman of the Committee on Legislation and the attorney, and its provisions had been fully discussed by the membership. Copies of the pamphlet contained in Appendix C of this study were distributed to the members of the Association in lieu of copies of the proposed bill because the expense involved in having copies of the bill printed for general distribution to the membership was prohibitive. This pamphlet outlined in concise question and answer form the changes sought in the 1948 law and was very helpful in promoting a better understanding of the legislative aims of the Association.

At this meeting, the membership of the Rhode Island State Nurses' Association delegated to the Board of Directors the power to make changes in the bill in the event these appeared to be necessary. It was deemed advisable to take this
action due to the fact that the Rhode Island Medical Society, the Hospital Association of Rhode Island and the Standing Committee on Legislation of the American Nurses' Association had not been heard from up to the time of the special meeting. It was agreed that if it appeared desirable to make further changes in the bill, the delegation of power would considerably expedite the introduction of the bill into the General Assembly as well as make provision for amendments which might have to be made after the bill was introduced in the General Assembly.

Promotion of Proposed Legislation

At the meeting of the Rhode Island State Nurses' Association held on December 12, 1951, the State Committee on Legislation launched an intensive program designed to promote support of the bill. Special emphasis was placed on the vital importance of having all nurses communicate with their legislators and seek support of the bill. It was agreed that the State Committee on Legislation would assume the responsibility of ascertaining that each member of the General Assembly be interviewed by one of his nurse constituents. The general membership was also encouraged to contact their respective Senators and Representatives, preferably by a personal interview, or if that were not possible, by mail or telephone.
Since it was planned to introduce the bill in the upper branch of the General Assembly, it was decided to have the nurses contact the Senators first. A review of the list used to check the interviews held with the Senators revealed that up to February 19, 1952, the day the bill was introduced into the General Assembly, the majority of the forty-four members of the Senate had been interviewed personally by one or more of their nurse constituents. Less effectively canvassed by the nurses, however, were the one hundred members of the House of Representatives, a factor which may have been partially responsible for the problems encountered when the proposed bill was presented to this body for action.

Each time a nurse had a personal interview with a Senator or Representative, she completed the interview form contained in Appendix C of this study. The reaction of the Senator and Representative to the bill was noted on these forms and this information proved very helpful in determining the relative strengths and weaknesses of the promotional program for legislators. Its greatest strength appeared to be the prompt manner in which the members of the Rhode Island State Nurses' Association contacted their respective Senator and/or Representative in behalf of the proposed bill. Consequently, when interviewed personally, there were few members of the General Assembly who
did not volunteer that they had already received requests from their nurse constituents to support the proposed legislation. The major weakness in the promotional program for legislators appeared to be the fact that the pamphlet contained in Appendix C of this study, rather than a copy of the bill, was sent to the legislator and used as a basis for discussion during the interview. Many of the Senators and Representatives stated that from the information contained in the pamphlet the legislative program of the Rhode Island State Nurses' Association appeared to be desirable. However, they declined to commit themselves unequivocally because they had no way of familiarizing themselves with its specific provisions. Although the Association's desire to stay within the limited funds at its disposal is understandable, it cannot be denied that the expense of having copies of the bill printed for distribution to legislators would have been a worthwhile investment.

Among the community organizations to which the proposed law was presented by the members of the Rhode Island State Nurses' Association, the Women's Joint Legislative Committee of Rhode Island merits special mention. This Committee is a voluntary organization which, during 1951, was composed of four delegates from each of the nineteen civic, professional and patriotic organizations. The Women's Joint Legislative Committee of Rhode Island serves as a clearing house for the discussion of bills to be introduced in the General Assembly.
Although this group does not sponsor the introduction of legislation, its support of a bill is generally considered helpful. In addition, favorable action on a bill by the Women's Joint Legislative Committee of Rhode Island generally signifies similar action by its membership groups. During 1951, the Chairman of the State Committee on Legislation, in her capacity as a delegate from the Rhode Island State Nurses' Association, made regular reports to the Women's Joint Legislative Committee on the progress being made in the preparation of the proposed nursing legislation. An excerpt from the minutes of a meeting of the State Committee on Legislation held on January 25, 1952 reveals that the State Committee on Legislation was notified that "the Women's Joint Legislative Committee... will support the bill."

A conference held on February 11, 1952 with the Governor in an effort to promote his interest in the bill is also worthy of mention. Five members of the Committee on Legislation and the Chairman of the Committee on Legislation of the Practical Nurse Association of Rhode Island attended the meeting. A copy of the completed bill was given to the Chief Executive during this conference. The major provisions of the bill were outlined and the reasons for the necessity of the proposed legislation were reviewed.

The meeting with the Governor ended the first phase of the legislative program of the Rhode Island State Nurses' Association. Minutes of Meeting, Committee on Legislation, 1952. Address, op. cit.
Association because the bill was scheduled for introduction into the Senate the following week.

The Method by which a Bill Becomes Law in Rhode Island

The Rhode Island Constitution delegates the power to make laws to the General Assembly. The General Assembly is composed of two bodies; the Senate and the House of Representatives. The law making power of these two bodies is subject to judicial review on the question of constitutionality and to the Governor's veto which may be overruled by a three-fifths vote of the General Assembly. The members of both branches of the Legislature are elected biennially.

The Senate averages a membership of forty-four. This body consists of the Lieutenant Governor who is the presiding officer and one Senator from each town or city. Any city or town having an electorate in excess of twenty-five thousand receives an additional Senator for each twenty-five thousand electors. No city or town may be represented by more than six Senators. The presiding officer of the Senate is entitled to vote only in the case of a tie.

The House of Representatives has a fixed membership of one hundred members. These members are elected from one hundred representative districts apportioned on the basis of population. Although each city or town is represented in proportion to its population, no political subdivision may have less than one, or more than twenty-five members. Membership in this branch
is so apportioned that it may have more members than the Senate
from any one political subdivision. The Constitution gives
the House of Representatives the authority to elect its own
presiding officer who has the power to vote.

Sessions of the General Assembly are held Tuesday
through Friday commencing the first Tuesday of each January.
Legislators are paid for each day in attendance but no compen-
sation is allowed for more than sixty days' attendance in any
one year. Sessions rarely extend beyond this sixty day period.

No bill may be considered by the General Assembly, ex-
cept by unanimous consent of the body in which it was intro-
duced, unless its introduction occurs on or before the forty
second day of the session and is reported from a committee
and/or placed on the chamber calendar before the fiftieth day
of the session. Before a bill can become law, it must re-
ceive a majority vote in each branch of the General Assembly.

Each chamber has standing committees of bi-partisan
membership to which bills are often referred for study after
introduction. The chairman and the majority of the members
on standing committees represent the political party in control
of the chamber. There are twelve standing committees in the
Senate; fifteen in the House of Representatives. Each stand-
ing committee has a certain type of bill to study. For example,
bills dealing with state spending are sent to the finance
committee; the committee on agriculture studies bills relating to agriculture. The committee to which a bill is referred may take several kinds of action. Not likely to be passed by a chamber are bills on which a committee takes no action or makes an adverse report. Bills which are reported out of committee to its respective chamber for favorable action with or without amendments are likely to receive favorable consideration. In its study of the bill, a standing committee may order a public hearing. The purpose of a public hearing is to give legislators an opportunity to hear expressions of various points of view and to ask questions for the purpose of determining the type of action to be taken in connection with the bill.

Although identical bills may be introduced in the House of Representatives and the Senate at the same time, the most commonly used method is one in which a proposed act is introduced in one or the other of the chambers, and following receipt of a majority vote, is transferred to the other branch for action. A bill must be introduced by a member of the Senate or House of Representatives but it can be prepared or initiated by any group. A bill may be sponsored by one or more members of the same political party, or it may be sponsored by one or more members of each political party in the Legislature.
Bi-partisan introduction or sponsorship of a bill by representatives of members of each political party in the Legislature is generally considered to be an indication of the fact that the proposed bill is non-controversial.

When introducing a bill, the legislator reads the title of the bill and the name of its sponsor or sponsors. He may also request that it be printed, thereby making sure that an official copy is available for study by each member of the General Assembly.

Immediately following its introduction, a bill is delivered to the presiding officer's desk by a page boy. At the presiding officer's desk, the bill is given a number in the order of its introduction in the chamber. The presiding officer then reads the bill by title and number and announces the name or names of its sponsors. With the consent of all members in each branch or by suspension of rules, a bill can become law on the day it is introduced. Such speed is the exception. Usually the passage of a law takes from one week to three months. How fast a bill becomes law is dependent upon whether or not it is referred to a committee for study and also upon the amount of opposition encountered. Most bills are referred to committee. On any occasion that a bill is reported out of committee, the committee chairman reads the number, title and the name of the person who introduced it, and announces the committee's advice
about chamber action. The bill is then placed on the calendar.

A bill is usually left on the chamber calendar for two days before it is voted on. This lapse of time gives legislators a chance to prepare for debate or to plan amendments. At the time the bill is to be acted upon, the number and title of the bill is read by the presiding officer of the chamber, and usually one of the legislators, either the person who introduced it or the chairman of the committee to which it was referred reviews its content. A bill which passes on the first vote is signed by the presiding officer and transferred to the other chamber for action. Upon transfer to the second legislative body, the same procedure may be followed as in the chamber where it was originally introduced. Or, by unanimous consent, it may be given immediate consideration. The bill may be passed, rejected, or amended in the second chamber. If amended, it must be returned to the branch from which it was originally received so that a vote may be taken about concurring in the amendments. In instances where a branch to which the bill is returned does not agree to the amendment made by the other body, the bill is referred to a conference committee made up of two members appointed by the presiding officers of each chamber. The committee makes an effort to resolve the disagreement about the bill following which it is returned to the branch whose non-concurrence necessitated the appointment
of the Committee. If this branch accepts the suggestions of the Conference Committee, the bill is sent to the other branch for a similar vote.

When passed by both chambers, the bill is sent to the Governor. The Governor may sign and approve the bill. He may veto it or during legislative sessions, he may allow it to become law without his signature by not signing it within six days.

Course of Proposed Nursing Practice Act in the General Assembly

The attorney for the Rhode Island State Nurses' Association, in his dual capacity of counsel and lobbyist, made a valuable contribution to the program. From the time the program was launched he kept in close touch with all the activities of the Association, assisted in drawing the various drafts of the bill, attended meetings of the Association and its committees, made almost daily trips to the State House during the course of the legislative session and gave advice on matters of policy and procedure. From the date of the meeting with the Governor on February 11, 1952 until the day the bill was introduced into the Senate, the members of the Rhode Island Nurses' Association stayed away from the State House and during this period, the attorney for the Association became even more active. He conferred with legislators on the bill and made
arrangements for its introduction into the Senate under the bipartisan sponsorship of two members of the Democratic Party and two members of the Republican Party.

On February 19, 1952, the nurses who were present as observers in the Senate witnessed the introduction of the proposed bill into the chamber and its referral to the Committee on Judiciary. At the desk of the presiding officer, the bill was designated as "S132, An Act For The Regulation of Nursing". In accordance with arrangements made by legal counsel, the Senator who introduced the bill obtained the unanimous consent of the Senate to have it printed.

After the introduction of the bill into the General Assembly, the nurses and their lobbyist visited the State House almost daily urging passage of the proposed legislation.

Acting on the advice of the Association's attorney, the President of the Rhode Island State Nurses' Association, on February 20, 1952, wrote to the Chairman of the Senate's Committee on Judiciary requesting a public hearing on the bill. This move was designed to promote favorable sentiment on behalf of the proposed legislation, particularly on the part of the Senators. It was felt that if proponents of the bill attended the hearing in large numbers, it would do a great deal to gain support for the bill.

---

A newspaper article bearing the caption "All Nurse Board Measure is Aired" described the public hearing held on the bill on March 4, 1952 as follows:

Not a single voice was raised in opposition yesterday as the Senate judiciary committee held a public hearing on setting up a new five-member all-nurse board to license and regulate the profession of nursing.

More than 200 persons overflowed the largest hearing room in the State House as speakers urged enactment of the measure, which is backed by both the Rhode Island State Nurses Association and the Rhode Island Practical Nurses Association.

After noting there was no opposition, Sen. Raymond A. McCabe (D-Providence), told the crowd he could assure them of favorable committee action.

The newspaper article went on to note that supporters of the bill at the hearing included non-nurse members of the State Committee on Nursing Education; the President of the Pawtucket Blackstone Valley Council of Social Agencies, the State Commissioner of Education and quoted a representative of the State Committee on Nursing Education as stating: " ... the Committee relies on members who are nurses for advice and counsel and ... an all nurse board 'is a definite step forward in nursing education in Rhode Island '.

Another favorable comment quoted by the press was that made by the Commissioner

\footnote{The Providence Journal, March 5, 1952.}

\footnote{Tbid.}

\footnote{Tbid.}
of Education who said "... that since the bill was introduced and its provisions became known, the numbers of applications for the school of practical nurses, which the state has been working on, has increased three fold."6

The newspaper account also referred to the fact that no opposition had been expressed against the bill at the public hearing, stating that the Senator who introduced the bill "... told the committee the reason there was no opposition was because 'areas of contention' had been reduced to acquiescence through 'intelligent discussion'".7

The public hearing did a great deal to stimulate interest and support for the bill and there was every indication that prompt action on the measure would be forthcoming from the Senate. However, this hope was not realized because of a political impasse which resulted from the death of a Democratic member of the Senate. Since the vacancy created by his death left a membership of twenty-two Republicans and twenty-two Democrats, including the Lieutenant Governor, there ensued a period of legislative inactivity pending an election to fill the vacancy. The election resulted in a victory for the Republican Party thereby causing the Democratic Party to lose control of the Senate as well as its majority in committees.

6Ibid.

7Ibid.
The period of legislative inactivity continued while the chamber reorganized to provide for a majority of Republican Party members on its committees.

Following the reorganization of the membership of the Committee on Judiciary, the President of the Rhode Island State Nurses' Association wrote a letter under date of March 13, 1952 to its newly elected Republican Chairman. The communication read as follows:

A public hearing was held by the Senate Judiciary Committee on Bill S 122 'Regulation of Nursing' on March 4, 1952 with Senator Raymond A. McCabe presiding. As a member of that important committee we know that you are well informed regarding discussion by the proponents of the Bill. We understood there have been some changes in the membership of the Judiciary Committee and we are writing to inquire if there is any procedure to take at this time to assure action on Bill S 122.

A letter received by the President of the Rhode Island State Nurses' Association from the newly-elected chairman of the Senate's Committee on Judiciary read:

... I know you will pardon me for the delay in answering your letter of March 12, 1952 in regard to Senate bill #122 'Regulation of Nursing' as we have just about completed the new Judiciary Committee and are about to have our first meeting.

Please be assured that the act is one of the first matters to be taken up .... The recent public hearing offered no opposition.

We will communicate with you in regard to any matter, if any, develops at our consideration of it so that you may know the status ... 8

8Correspondence of the Rhode Island State Nurses' Association, March 13, 1952. On file with the Rhode Island State Nurses' Association, Address, 42 Weybosset St. Providence, Rhode Island

8Correspondence from Senate Chamber, State of Rhode Island and Providence Plantations, March, 1952. On file, op. cit., Address, op. cit.
This period of re-organization of the Senate in no way affected the diligence with which the nurses and their lobbyists set about persuading the legislators to back their bill. They sought out legislators in the Senate chamber, in the State House corridors or in the Capitol cafeteria in an effort to obtain all the support possible for the bill. Their perseverance kept them abreast of any development which might tend to hamper the progress of the bill. It enabled them to counteract the efforts of the Chicago School of Nursing to defeat the bill. A booklet entitled "Should the Practical Nurse Be Eliminated?" was distributed to each legislator. This booklet set forth the School's objection to any law that would eliminate practical nurses by allowing only institutionally trained persons to nurse for hire. The Rhode Island State Nurses' Association and the Practical Nurses' Association of Rhode Island took immediate steps to refute the charge of the Nursing School by letters directed to the members of the General Assembly. A copy of the booklet distributed by the Chicago School of Nursing and the Associations' letters to the members of the General Assembly are contained in Appendix D of this study.

The plan of the Senate's Committee on Judiciary to recom-
mend to the Senate two amendments for addition to the bill was a blow to its proponents. Copies of both amendments were obtained by the Association's legal counsel after the Senate adjourned on March 27, 1952. The first amendment proposed by the Rhode Island Association of Nursing Homes advocated the addition of a clause to the exception provision in the bill which read: "... nor shall the provisions of this chapter be construed to prohibit persons employed in state and licensed hospitals and sanitoria from assisting in the nursing care of patients if adequate medical and nursing supervision is provided." The proposed addition would exempt from the provisions of the Chapter persons employed to assist in the nursing care of patients in licensed homes for the aged and/or convalescent if adequate medical or nursing supervision is provided.

The second amendment, suggested by a Senator, urged the addition to the bill of a waiver of requirements for practical nurse licensure. The language of this amendment was taken directly from the nursing practice act enacted in 1948 and read as follows:

The Division of Professional Regulation shall issue a certificate of Practical Nursing without examination, to any person who has applied in writing and who has presented proof satisfactory to the Board that he or she is a resident of Rhode Island and has been employed as an attendant or practical nurse for a period of at least two years prior to the

passage of this Chapter and that such employment was the major occupation pursued by such person for such period. All applications for certificate for such waiver must be made to the Division of Professional Regulation within ninety days from the date of passage of this Chapter and all such certificates must be signed by the Secretary of the Board, Administrator of Professional Regulation and Director of Health.12

During the morning of March 23, 1952, several members of the Subcommittee on Legislation, without having made a previous appointment, visited the office of the Chairman of the Committee on Judiciary in the State House in an effort to encourage the passage of their proposed bill without amendments. The meeting had not progressed very far when it became evident that the bill had no chance at all to pass the Senate without both amendments. The members of the Committee, realizing that a compromise was the best that could be hoped for under the circumstances, requested the privilege of making a revision in the waiver, which request was granted. The Chairman of the Committee on Judiciary agreed to postpone reporting the amended bill to the Senate for action until April 4, 1952, the next legislative day. However, he informed the members of the Subcommittee that it would be necessary for them to prepare their revisions immediately.

Consequently, a meeting of the Subcommittee on Legislation was held immediately after the conference with the Chairman of the Committee on Judiciary and every effort was made to

12Rhode Island State Nurses' Association, Copy of Waiver Proposed by Senate's Committee on Judiciary. On file, op. cit., Address, op. cit.
draft a more rigid waiver than the one which had been proposed. During the course of the meeting, the attorney for the Rhode Island State Nurses' Association informed the members that he had received confidential information that the suggestions of the American Nurses' Association relative to making successful achievement in a state board examination a requirement would not be accepted by the General Assembly as a qualification for licensure under the suggested waiver.

When finally presented to the Chairman of the Committee on Judiciary on the afternoon of March 28, 1952, the proposed clause dealing with qualifications for the licensure of practical nurses read as follows:

**LICENSURE BY WAIVER**

Application for licensure must be made to the Board of Nurse Registration and Nursing Education on or before sixty days from the effective date of this chapter.

The board may issue a license to practice as a licensed practical nurse to any person who shall submit to the board satisfactory proof, verified by oath, that said applicant:

(1) is of good moral character
(2) is in good physical and mental health
(3) has been a resident of the State of Rhode Island for a period of two years and has successfully nursed the sick in this state for two years immediately prior to the effective date of this chapter.
(4) must be endorsed by two physicians, licensed in this state, who have personal knowledge of the
applicant's qualifications and by two persons who have employed the applicant.\textsuperscript{13}

Three changes were made in the waiver suggested by the Subcommittee on Legislation before it was accepted for inclusion in the bill by the Senate's Committee on Judiciary. The clause in the waiver which read: "The board may issue a license to practice as a licensed practical nurse ... " was changed to one which stated: "The Board shall issue a license to practice as a licensed practical nurse ... "\textsuperscript{14} The changing of the word "may" in the clause to "shall" made it mandatory for the Board to issue a license to anyone who met the qualifications required under the waiver. The second change was made when the word "successfully" was removed from the clause which read: "... and has successfully nursed the sick in this state for two years immediately prior to the effective date of this act."\textsuperscript{15} This change was made because, in the opinion of the legislators, the word "successfully" would have required the complete recovery of all patients cared for by an applicant during the two year period. The third change

\textsuperscript{13}Rhode Island State Nurses' Association, Copy of Waiver Proposed by Subcommittee on Legislation. On file, op. cit., Address, op. cit.

\textsuperscript{14}Ibid.

\textsuperscript{15}Rhode Island General Laws 1928, Amended in Entirety by Public Laws 1952, Chapter 2926.

\textsuperscript{16}Rhode Island State Nurses' Association, Copy of Waiver Proposed by Subcommittee on Legislation. On file op. cit., Address, op. cit.
was made in the statement "... must be endorsed by two physicians ..."  
This was changed to read "... must be endorsed by one physician ..." because it was the opinion of the Senators that an applicant for practical nurse licensure by waiver might not have worked for two physicians during the two year period required for qualifications for licensure by waiver.

When the bill was unanimously passed by the Senate on the afternoon of April 4, 1952, it contained the above changes in the waiver as well as the amendment proposed by the Rhode Island Association of Nursing Homes.

Since the House of Representatives had adjourned by the time the amended bill was passed by the Senate on April 4, 1952, it could not be transmitted to the lower branch of the General Assembly until the next legislative day, April 8, 1952. During this lapse of time, the Subcommittee on Legislation and the Chairman of the Committee on Legislation of the Practical Nurse Association of Rhode Island conferred with the presiding officer of the House of Representatives. On this occasion, the presiding officer agreed to try to obtain immediate passage of the amended bill upon its receipt from the Senate. There was every indication, therefore, that the bill would pass the House of Representatives without any delay because the presiding officer;

17 Ibid.

18 Rhode Island General Laws 1938, Amended in Entirety by Public Laws 1952, Chapter 2936.
who is a member of the majority party in the House of Representatives, is usually able to obtain the cooperation of his political associates.

No business was transacted at the session of the House of Representatives on April 3, 1952 due to the death of one of its members. A large group of nurses attended the session on April 9, 1952, during which the presiding officer requested the unanimous consent of the members of the House of Representatives for immediate consideration of the amended nursing bill.

A newspaper article bearing the heading "Nurse Board Bill Put On Calendar" described the action taken by the House of Representatives on the amended bill as follows:

The bill requiring that all persons who perform nursing service for hire shall be licensed by an all-nurse state Board very nearly whizzed through the House for concurrent passage yesterday but it ran into opposition at the last moment.

The bill is backed by the Rhode Island State Nurses Association.

When it reached the House from the Senate, Speaker Harry F. Curvin (D-Pawtucket) asked if there was objection to unanimous consent for immediate consideration.

One of his close followers, Rep. Louis J. Lussier (D-Pawtucket) objected. Several Democratic representatives went to the rostrum and consulted with Curvin who was heard to say that many persons were behind the bill and that, it has been around

---

the Senate too long.'

With that, Curvin asked if there was objection to placing it on the bill for Tuesday. Lussier appeared to object again but he was too slow.

The bill went on the calendar. It is possible it will be voted on today.20

After the chamber adjourned on April 9, 1952 a conference was held on the floor of the House of Representatives between the legislators who opposed the bill and the nurses, at which it was disclosed that the provisions to which the legislators were opposed were the all-nurse board and the provision for mandatory appointment of board members by the Director of Health from a list to be submitted by the Rhode Island State Nurses' Association. Despite the efforts of the nurses to explain the reasons for these provisions, they did not convince the legislators.

A determined effort was made to try to overcome the opposition before the House of Representatives convened on April 10, 1952. Influential people in the community were urged to contact the leader of the majority party in the chamber to support the bill as approved by the Senate.

A newspaper article announcing a conference scheduled by the majority party leader in the House of Representatives bore the subcaption "Caucus Will Decide Fate of Nurse Licensing
Plan read, in part, as follows:

The fate of the ... bill tightening the licensing of registered and practical nursing will be decided by a caucus of the Democratic majority of the House of Representatives next Tuesday at 12:30 p.m., Democratic Leader James A. McKiernan announced yesterday.

The nurses bill, which has probably attracted more amateur lobbyists to the State House this year than any single measure would require that all persons who do nursing for hire be registered by a new all-registered nurse board.

Some opposition is said to have developed among a few Democrats in the House who feel that practical nurses should be represented on the governing board.

Again yesterday many nurses were in the House chambers asking legislators to vote for the bill, which was on the calendar and should have come up for a vote. However, Kiernan announced the vote would be put off until after the Tuesday caucus. He is also reported to favor the bill in its present form. Kiernan is understood to have told his colleagues that if both the practical and registered nurses are agreed, he has no objection.

Rep. Louis J. Lussier (D-Pawtucket) is on the record against the bill.

The fact that five calendar days elapsed between the date the bill was introduced in the House of Representatives and the date scheduled for the caucus, enabled the nurses to take every means at their disposal to try to overcome the opposition. During this time, a meeting was held with the Sub-

---

21Ibid. April 11, 1952.

22Ibid.
committee on Legislation and the Chairman of the Committee on Legislation of the Practical Nurse Association of Rhode Island and the leader of the majority party and several of his associates in the House of Representatives. During this conference, the legislators reiterated their opposition to the provisions in the bill requiring mandatory appointment of members of the board from a list to be submitted by the Rhode Island State Nurses' Association. They also objected to the fact that the proposed legislation did not provide for the appointment of a practical nurse to the board nor did it specify the number of times licensure tests would be administered yearly. The only objection which the nurses at the meeting were able to overcome was that pertaining to the appointment of a practical nurse to the board. This was due principally to the forcefulness with which the Chairman, of the Committee on Legislation of the Practical Nurse Association of Rhode Island defended the proposed board of five registered nurses. She explained that the practical nurses were satisfied to be represented on the board by a graduate nurse who was an instructor in a school of practical nursing. She also placed particular emphasis on the fact that a practical nurse was not educationally qualified to be a member of such a group.
A newspaper article entitled "House Passes Nursing Bill" described the two amendments included in the bill when it was passed by the House of Representatives on April 15, 1952. The newspaper article read as follows:

The House amendments, introduced after a long Democratic caucus ... made two basic changes in the bill: The state director of health is freed from the restriction of having to appoint to the nurses board from a candidate list supplied by the Rhode Island State Nurses' Association; and a requirement is inserted that qualifying examinations be conducted at least twice yearly beginning July 1, 1953.

Conforming to a request made by the nurses and their lobbyists, the Senate, on April 16, 1952, suspended its rules and by unanimous consent concurred in the amendments made in the bill by the House of Representatives.

On April 24, 1952, the Governor affixed his signature to the bill in the presence of several members of the Subcommittee on Legislation and the Chairman of the Committee on Legislation of the Practical Nurse Association of Rhode Island and the bill thereupon became law.

Thus ended the 1952 legislative program of the nurses of Rhode Island. Although compromises had to be made, they may well be proud of their accomplishments. The enactment of the amended nursing practice act took many months of careful,

---

24Ibid.
intensive planning, a great deal of arduous work and devotion and the courage to persevere despite many obstacles and disappointments. However, their efforts would have been in vain had it not been for the active and ardent interest of people not connected with the nursing profession who firmly believed that the general public would profit by such a program and gave their whole-hearted support to it, thereby playing an important part in the enactment of the amended nursing practice act.
CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This retrospective approach to the development of a nursing practice act showed that the first law pertaining to nursing in Rhode Island was enacted during 1912, seven years after the Rhode Island Association of Graduate Nurses made its initial effort to obtain nursing legislation. It established that each of the major changes made in the laws pertaining to nursing from 1912 to 1952 were sponsored by the Rhode Island Association of Graduate Nurses and its successor organization, the Rhode Island State Nurses' Association. It disclosed that over a period of forty-seven years the legislative efforts of the nurses met frequent opposition, particularly each time a bill proposing the appointment of a single board of five registered nurses to be selected from lists submitted by the state's professional nursing organization was presented. This study points out how the early philosophy underlying nursing legislation changed from one mainly concerned with the establishment of standards for schools of nursing to its present concept which stresses the protection of the public by a law which defines nursing practice, licenses the
competent and prohibits the unqualified from practicing. It further revealed a steadily growing recognition by the nurses of Rhode Island of the advisability of drafting nursing practice acts as free of restrictive provisions as possible.

In order to demonstrate how Rhode Island made changes in nursing legislation during 1952, an analysis was made of the nursing practice act in effect from 1948 to 1952. This analysis indicated that the law had three major provisions which were in conflict with generally accepted principles of nursing legislation. First, it permitted anyone to nurse for hire as long as the titles protected by the law were not used; second, it provided for a committee composed mainly of non-nurses to determine educational and licensure policies; and third, it included specific legislative requirements that should preferably have been delegated to committee ruling.

This review disclosed that under the organizational setup with which the Rhode Island State Nurses' Association operated during the 1950-1952 legislative program, a period of eighteen months was required to prepare and obtain the enactment of the law. The importance of competent legal advice, of an informed membership and of hard working committees composed of members who were in a position to devote a great deal of time and effort to further the program stood out as being factors which
contributed in large measure to the enactment of the law.
The fact that the Association did not make any provisions for
a survey of the history of nursing legislation in Rhode Island
was found to be one of the major weaknesses of its program.
If the Committee on Legislation had been aware during 1951
and 1952 of the problems encountered by nurses in previous
years, the members would have been in a better position to
deal with the opposition they met.

The description of the problems encountered during
the 1951-1952 legislative program showed that these were
mainly concerned with overcoming opposition to a single board
composed of five registered nurses; endeavoring to make a
wise decision regarding action to be taken in relation to the
suggestion that one of the exceptions in the bill nullified
its mandatory aspects and attempting to prevent amendments
in the bill by legislators after its introduction into the
General Assembly. The study disclosed that for the first
time in the State of Rhode Island a single Board of Nurse Reg-
istration and Nursing Education, with a membership of five
registered nurses, was obtained during 1952, despite opposi-
tion from the Hospital Association of Rhode Island and from
certain legislators. It showed that although the Standing
Committee on Legislation of the American Nurses' Association
considered the exception in the bill a possible nullification of the mandatory intent of the law, the Rhode Island State Nurses' Association decided to retain the exception which exempted from the provisions of the chapter all persons employed to assist in the nursing care of patients in licensed hospitals and sanitariums where adequate medical and nursing supervision is available.

The necessity for compromise even at the risk of jeopardizing some of the major objectives of a legislative program was demonstrated by the fact that the Rhode Island State Nurses' Association found it necessary to accept four amendments made by the General Assembly in the law. These amendments included: Addition of a waiver of requirements for practical nurse licensure; inclusion of a stipulation that state board examinations be administered at least twice yearly; addition to an exception in the law of a clause exempting from the provisions of the chapter all persons employed in licensed nursing homes where adequate medical or nursing supervision is available and deletion from the law of the provision which proposed the mandatory appointment of board members from a list to be submitted by the Rhode Island State Nurses' Association.

A presentation of the methods used by the Rhode Island State Nurses' Association during 1951 and 1952 to promote the
passage of the legislation demonstrated that a legislative program can be successful only to the extent that its advocates are able to develop public interest in it. It also emphasized the importance of stimulating the interest and support of legislators by every possible means, particularly through personal interviews before the legislative session and by active lobbying while the General Assembly is in session.

Conclusions

The following conclusions may be made from this study:

1. A survey of the history of the enactment of nursing practice acts in Rhode Island demonstrated that opposition was encountered each time the Rhode Island Association of Graduate Nurses and the Rhode Island State Nurses' Association proposed major amendments in nursing legislation.

2. The fact that eighteen months were required to prepare and enact the 1952 nursing practice act in Rhode Island demonstrates that legislative revisions of an extensive nature require a long range program.

3. A public relation program undertaken by an informed membership which proved capable of interpreting the need for the bill to members of allied professional groups, to legislators and to the general public was an important factor in the promotion of nursing legislation in
Rhode Island in 1952.

4. The Practical Nurse Association of Rhode Island gave its full support to the 1950-1952 legislative program of the Rhode Island State Nurses' Association.

5. Most of the provisions in the nursing practice act effected in Rhode Island during 1952 compare favorably with those suggested by the American Nurses' Association.

6. Although appointments to the Rhode Island Board of Nurse Registration and Nursing Education will not be made from a list of names submitted by the Rhode Island State Nurses' Association, the educational qualifications specified in the law for board members will help safeguard their selection.

7. Despite the fact that there is a possibility one of the exceptions in the nursing practice act enacted in Rhode Island during 1952 may jeopardize its mandatory intent, the law defines the practice of nursing on two levels and provides for more effective control over practitioners than was possible under the nursing statute in effect from 1948 to 1952.
Recommendations

On the basis of the findings of this study, the following recommendations are made to State Nurses' Associations which embark on a program designed to make extensive changes in nursing legislation:

1. Survey the local history of nursing practice acts to ascertain the success or failure of the former legislative efforts of nurses.

2. Provide an adequate budget to cover the expenses involved in the engaging of legislative counsel and for printing, mailing and stenographic assistance.

3. Draft the bill to include more than minimum provisions so that if opposition is encountered compromises may be made which will not defeat the purpose for which the legislative program was undertaken.

4. Make a specific plan for interpreting the proposed changes in nursing legislation to the state's practical nurse organization, to legislators, to members of allied professional groups and to the public.

Further Study Needed

Since the findings of this study disclosed that the Rhode Island State Nurses' Association decided to include the excep-
tion in the 1952 nursing practice act which was considered a nullification of its mandatory intent by the Standing Committee on Legislation, American Nurses' Association and in view of the fact that this exemption was further liberalized by the Rhode Island General Assembly, a follow up investigation should be made in Rhode Island to determine if this exemption interferes with the enforcement of the law's provision that any person practicing or offering to practice nursing be licensed.
BIBLIOGRAPHY


Rhode Island General Laws 1923, Chapter 160.

Rhode Island General Laws 1928, Chapter 5.

Rhode Island General Laws 1933, Chapter 230, Amended by Public Laws 1948, Chapter 2041, Amended by Public Laws 1951, Chapter 2728.

Rhode Island General Laws 1938, Chapter 230, Amended in Entirety by Public Laws 1952, Chapter 2936.

Rhode Island Public Laws 1912, Chapter 305.

Rhode Island Public Laws 1914, Chapter 1059.


The Providence Journal, April 12, 1905.

____, February 29, 1912.

____, January 2, 1925.

____, April 10, 1943.

____, March 5, 1952.

____, April 10, 1952.

The Records of the Rhode Island Association of Graduate Nurses 1905-1919. On file with Rhode Island State Nurses' Association, Address, 42 Weybosset Street, Providence, Rhode Island.

APPENDIX A

Table of Contents

Comparison of the Mandatory Nursing Practice Act Proposed by American Nurses' Association with Rhode Island General Laws, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2936

PAGE

126
Purpose

In order to safeguard life and health, any person practicing or offering to practice nursing in this state for compensation or personal profit shall hereafter be required to submit evidence that he or she is qualified so to practice and shall be licensed as hereafter provided. After (date), it shall be unlawful for any person to practice or offer to practice nursing in this state, or to use any title, abbreviation, sign, card or device to indicate that such a person is practicing nursing, unless such person has been duly licensed and registered under the provisions of this act.

Definitions

(a) Board means the Board of Nurse Registration and Nursing Education.

(b) Practice of Nursing

(1) A person practices professional nursing who, for compensation or personal profit, performs any professional services requiring the application of principles of the biological, physical or social sciences, and nursing skills in the care of the sick, in the prevention of disease, or in the conservation of health.

1 Legislative Manual for Committees on Legislation of State Nurses' Associations, New York: American Nurses' Association, 1950; Appendix C.
2 Ibid., Section 1, p. 2.
3 Ibid., Section 2, p. 2.
4 Rhode Island General Laws 1938, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2936.
5 Ibid., Section 2
6 Ibid., Section 3
MAJOR DIFFERENCES BETWEEN RHODE ISLAND'S LAW AND SUGGESTIONS OF AMERICAN NURSES' ASSOCIATION

Provisions Added to Rhode Island's Law

Purpose

No provisions added.

Reasons for Additions

Definitions

1. Committee means the committee to serve as consultants to the board of nurse registration and nursing education.

2. Accredited means accredited by the board of nurse registration and nursing education.

3. Definition of professional nursing was made more specific by the addition of the following provisions:

   - in the observation of symptoms, reactions and accurate recording of facts and carrying out of treatments and medications prescribed by licensed physicians.

Provisions Deleted from Rhode Island's Law

Purpose

No provisions deleted.

Reasons for Deletions

Definitions

1. Committee was defined in keeping with the provision for such a group in the bill.

2. Accredited was defined to place added emphasis on the fact that this is the responsibility of the board rather than the committee.

3. It was agreed that a more specific definition than the one suggested by the American Nurses' Association would help guard against the possibility of any question arising between the difference in the practice of professional nursing and the practice of medicine.

Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, 42 Waynecrest Street, Providence, Rhode Island.
Definitions (Continued)

d. Practice of nursing (Continued)

(2) A person practices practical nursing who, for compensation or personal profit, performs such duties as are required in the physical care of a convalescent, a chronically ill or an aged or infirm patient and, in carrying out such medical orders as prescribed by a licensed physician, requiring a knowledge of simple nursing procedures but not requiring the professional knowledge and skills required for professional nursing.

---

9 Ibid., Section 2, p. 2

10 Rhode Island General Laws 1938, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2935.
11 Ibid., Section 3
MAJOR DIFFERENCES BETWEEN RHODE ISLAND'S LAW AND SUGGESTIONS OF AMERICAN NURSES' ASSOCIATION

Provisions Added to Rhode Island's Law (Continued)

Definitions (Continued)

1. Provisions were made in the definition of practical nursing to allow the practitioner to care for sub-acute patients and to assist the professional nurse in a team relationship, especially in the care of the more acutely ill.

Reasons for Additions

Definitions (Continued)

1. These additions were made in keeping with the definition of the practical nurse as adopted by the National Association for Practical Nurse Education in 1950. It was agreed that this definition allowed the practical nurse to carry the broader responsibilities made necessary by the exigencies of the present nursing situation.

Provisions Deleted from Rhode Island's Law (Continued)

Definitions (Continued)

1. Provisions in the definition of practical nursing which allowed practitioner to care for aged and infirm patients.

Reasons for Deletions

Definitions (Continued)

1. This provision was deleted because of the adoption of the definition of practical nursing adopted by the National Association for Practical Nurse Education in 1950.

Ibid.

Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.
Board of Nurse Registration and Nursing Education\(^\text{15}\)

**Appointment, Term of Office, Removal from Office**

The governor shall appoint a board consisting of not less than five members: Provided, however, that the present members of the (state) board holding office under the provisions of (identify act which is being amended or repealed) shall serve as members of said board until the expiration of their respective terms, or until their successors have been appointed. The term of office for said board shall be three years.

On expiration of the term of any member, the state nurses' association shall submit to the governor a list of members qualified to serve, such list to contain in number at least twice the number of vacancies to be filled. Appointments shall be made from this list. Vacancies occurring on the board shall be filled for the unexpired terms by appointments to be made by the governor from nominations submitted by the (state) nurses' association in the manner aforesaid.

On or before (date) of each year, and at any other time when there is a vacancy, the (state) nurses' association shall submit to the governor a list of its members suitable for appointment in number not less than twice the number of vacancies to be filled.

The governor may remove any member of the board for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct.

---

\(^{15}\) Legislative Manual for Committees on Legislation of State Nurses Associations, New York: American Nurses' Association, 1950, Appendix C.

\(^{16}\) Ibid., Section 3, pp. 3-6.

\(^{16}\) Rhode Island General Laws, 1938, Chapter 280, Amended in Entirety by Public Laws, 1952, Chapter 2936.

\(^{17}\) Ibid., Section 4.
Provisions Added to Rhode Island’s Law (Continued)

Board of Nurse Registration and Nursing Education

Appointment, Term of Office

1. Director of health shall be the appointing authority.

2. Appointment to board to be made within thirty days of passage of law.

3. The board shall be composed of the following persons: one member from the faculty of an accredited basic collegiate school of nursing; two members from the faculties of accredited basic noncollegiate schools of nursing; one member from the faculty of a school or agency conducting an accredited affiliating program in nursing education; and one member from the faculty of an accredited school or affiliating program for practical nurse training. No school or affiliating agency shall have more than one representative on the board.

4. Terms of office shall be three years. No member shall serve more than two consecutive terms, including any time for unexpired terms.

Reasons for Additions

Board of Nurse Registration and Nursing Education

Appointment, Term of Office

1. The addition is in keeping with Rhode Island Public Law 1939, Chapter 660, as amended.

2. Since board was to be composed of entirely new members, it was considered advisable to provide thirty days for their appointment.

3. These provisions were added following a conference with the board of trustees of the Hospital Association of Rhode Island. During this meeting, it was pointed out that the proposed bill did not provide equitable representation on the board from the various educational programs in Rhode Island, nor was there anything in the suggested law to prohibit the appointment of all members from one school of nursing or affiliating program.

4. This stipulation was included to guard against the same member serving an indefinite period of time.

Provisions Deleted from Rhode Island’s Law (Continued)

Board of Nurse Registration and Nursing Education

Appointment, Term of Office

1. Governor shall be the appointing authority to the board of nurse registration and nursing education.

2. Members on board at time of enactment of law shall serve until terms expire or successors are appointed.

3. All provisions for the appointment of board members from a list of members submitted to the appointing authority by the state nurses’ association.

4. This provision was removed from the bill in the House of Representatives because certain of its members felt board membership might be restricted to members of the Rhode Island State Nurses’ Association.

Reasons for Deletions

Board of Nurse Registration and Nursing Education

Appointment, Term of Office

1. This deletion is in keeping with Rhode Island Public Law 1939, Chapter 660, as amended.

2. This provision was not applicable in Rhode Island, because proposed law provided for an entirely new body to replace the policy setting group.
Qualifications of Members

Each member shall be a citizen of the United States and a resident of this state; shall have completed at least an approved four-year high school course of study; shall have graduated from an accredited school of nursing; shall be licensed as a registered nurse in this state; shall have had at least five years' experience in nursing following graduation; shall have been actively engaged in the practice of nursing within two years of the time of her appointment; and shall be actively engaged in nursing at the time of her appointment.

Each member of the board shall file with the department of state the constitutional oath of office before beginning his or her term of office.

Qualification of Members

Each member of the board shall be a citizen of the United States and shall reside in the state of Rhode Island and shall have been graduated from an accredited school of nursing and shall be registered or eligible for registration in the state of Rhode Island. Each member of the board shall have had at least five years' successful experience in nursing education in any one or any combination of the following positions: administrator in an accredited school of nursing; instructor in an accredited school of nursing; instructor in an accredited school of practical nursing; instructor in a school of nursing or agency providing an accredited affiliating program in nursing education. Each member of the board shall have a knowledge of the total basic educational program in nursing and shall have been actively engaged in nursing education for at least two years immediately preceding appointment or reappointment.

Before beginning his or her term of office, each member of the board shall take the oath prescribed by law for state officials, which oath shall be filed with the secretary of state.


21 Ibid., Section 3, pp. 3-6.

22 Rhode Island General Laws 1938, Chapter 230, Amended in Entirety by Public Laws 1952, Chapter 3936.

23 Ibid., Section 4.
Provisions Added to Rhode Island's Law (Continued)

Board of Nurse Registration and Nursing Education

Qualification of Members

1. More specific qualifications were provided for board members. These are as follows:
   
a) shall have had at least five years of experience in nursing education in any one or any combination of the following positions: administrator in an accredited school of nursing; instructor in an accredited school of nursing; instructor in an accredited school of practical nursing; instructor in a school or agency providing an accredited affliating program in nursing education.
   
b) shall have a knowledge of total basic educational program in nursing and shall have been otherwise in nursing education for at least two years preceding appointment or reappointment.

Reasons for Additions

Board of Nurse Registration and Nursing Education

Qualification of Members

1. With the exception of membership in professional organizations and graduation from college, the qualifications for board membership are similar to those suggested by the National League of Nursing Education. It was felt that the General Assembly would look with suspicion upon both of these requirements and that some other method would have to be used to limit board appointments to qualified nurses. Accordingly, it was decided to try to do this by implication and to require that board members have five years' experience in nursing education in any combination of the suggested positions, as well as a knowledge of total basic educational program in nursing. It was agreed that this type of experience and knowledge could only be gained by nurses with a college background.

Provisions Deleted from Rhode Island's Law

Board of Nurse Registration and Nursing Education (Continued)

Qualification of Members

1. It was felt that this requirement could be covered by board regulation requiring high school preparation of all members of nursing school faculties.

Ibid.
Board of Nurse Registration and Nursing Education (Continued)

Duties and Powers

The board shall meet annually in the month of and shall elect from its members a president and a secretary, who shall also be the treasurer, and shall also appoint and employ an executive secretary, as hereinafter provided, who need not be a member of the board. It shall hold such other meetings during the year as may be deemed necessary to transact its business. A majority of the board, including one officer, shall constitute a quorum at any meeting.

The board is authorized to adopt and, from time to time, revise such rules and regulations not inconsistent with the law as may be necessary to enable it to carry into effect the provisions of the Act. The board shall prescribe curricula and standards for schools of nursing and courses preparing persons for licensure under this Act. It shall provide for surveys of such schools and courses at such times as it may deem necessary. It shall accredit such schools and courses as meet the requirements of this Act and of the board. It shall evaluate and approve courses for affiliation. It shall examine, license and renew the license of duly qualified applicants. It shall conduct hearings upon charges calling for discipline of a licensee or revocation of a license. It shall have the power to issue subpoenas and compel the attendance of witnesses and administer oaths to persons giving testimony at hearings. It shall cause the prosecution of all persons violating this Act and have power to incur such necessary expenses therefor. It shall keep a record of all its proceedings and make an annual report to the governor.

26 Legislative Manual for Committee on Legislation of State Nurses Associations, New York American Nurses Association, 1950, Appendix C.
27 Ibid., Section 3, pp. 3-6
28 Rhode Island General Laws 1938, Chapter 230, Amended in Entirety by Public Law 1952, Chapter 2936.
29 Ibid., Section 4
Duties and Powers

1. Vice-president is to be elected.
2. Executive secretary is not a member of the board.
3. Board shall accredit or approve courses for affiliation.
4. Board shall determine tests which applicants for licensure must take and adopt policies to be followed in the examination, licensure and renewal of licenses of duly qualified applicants.
5. Said examinations shall be held at least twice yearly, beginning July 1, 1953.

Provisions Added to Rhode Island's Law (Continued)

Reasons for Additions

Board of Nurse Registration and Nursing Education (Continued)

1. Vice-president would be available to preside in absence of president.
2. There was general agreement about the desirability of classifying the executive secretary as a person who helps the board enforce its policies rather than as a person who is a member of the policy setting group.
3. This provision was added to assure a clear-cut understanding of board's relationship to affiliating programs.
4. Board's responsibility for licensure was defined in detail to insure a clear-cut understanding of fact that administrator of professional regulation issues licenses only after board action.
5. This requirement was added in the House of Representatives because certain of its members felt it would guarantee the board's administration of tests.

Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951, Address, op. cit.
Board of Nurse Registration and Nursing Education

Duties and Powers (Continued)

The board shall appoint and employ a qualified person to serve as executive secretary to the board, and it shall fix her compensation and define her duties. It may employ such other persons as may be necessary to carry on the work of the board.

The executive secretary shall meet all the qualifications for board membership and shall have had at least two years of experience in nursing school administration immediately preceding the time of her appointment.

Compensation

Each member of the board shall receive, in addition to necessary traveling, hotel and other necessary expenses, (amount) per day for each day she is actually engaged in the discharge of her official duties.

---


Tbid., Section 3, pp. 3-6.
Provisions Added to Rhode Island's Law

### Reasons for Additions

<table>
<thead>
<tr>
<th>Duties and Powers (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Executive secretary shall meet all qualifications for board members and shall have at least two years of experience in nursing school administration immediately preceding the time of appointment.</td>
</tr>
</tbody>
</table>

### Compensation

1. Since the size of Rhode Island allows board members to return to their home following meetings, it was not necessary to provide for hotel expenses.

---

Provisions Deleted from Rhode Island's Law

### Reasons for Deletions

<table>
<thead>
<tr>
<th>Duties and Powers (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. These deletions are in keeping with Rhode Island Public Laws 1939, Chapter 661, as amended.</td>
</tr>
</tbody>
</table>

### Compensation

1. Provisions for board members to be paid hotel expenses during discharge of official duties.
COMPARATIVE SUMMARY III (Continued)

COMMITTEE TO ACT AS CONSULTANTS TO BOARD

SELECTED PROVISIONS FROM RHODE ISLAND'S NURSING PRACTICE ACT (Continued)

Committee to Act as Consultants to Board

Within thirty days following passage of this act, the director of health shall appoint a committee of six members to serve as consultants to the board of nurse registration and nursing education. Said committee of consultants shall be composed of the following persons: one representative of the hospital association of Rhode Island who is a director or other administrative representative of a hospital maintaining an accredited school of nursing; one representative of the Rhode Island medical society who is participating in the teaching program of an accredited school of nursing; one educator on the faculty of a college or university; one member of the practical nurses' association of Rhode Island, who has been licensed in this state and is a graduate of an approved program from a school for practical nursing; and the director of health and the administrator of professional regulation, ex-officio. Within fifteen days following the passage of this act or whenever any vacancies occur, each of the above-named organizations shall submit to the director of health the names of the persons qualified to serve on the committee. The list or lists of names so submitted shall be not less than three times the number of appointments to be made. Within the specified time the presidents of Brown University, Providence College and the University of Rhode Island shall each submit one nominee from their respective faculties; one of whom shall be selected to serve as the educator on the committee.

38 Rhode Island General Laws 1933, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2936.
39 Ibid., Section 5.
<table>
<thead>
<tr>
<th>Provisions Added to Rhode Island's Law (Continued)</th>
<th>Reasons for Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee to Act as Consultants to Board (Continued)</td>
<td>Committee to Act as Consultants to Board (Continued)</td>
</tr>
</tbody>
</table>

1. All provisions which were concerned with the appointment of a committee of consultants to the board of nurse registration and nursing education.

   1. These provisions were added for the following reasons:

   a) it was agreed that the board would find the advice of representatives of other related fields helpful.

   b) it was agreed that an all-nurse board might be more readily accepted by allied professions if such a committee was provided.

---

Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.
Major provisions do not include any suggestions about inclusion of a committee of consultants to the board of nurse registration and nursing education.
<table>
<thead>
<tr>
<th>Provisions Added to Rhode Island's Law (Continued)</th>
<th>Reasons for Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee of Consultants to Board (Continued)</td>
<td>Committee of Consultants to Board (Continued)</td>
</tr>
<tr>
<td>1. All provisions which were concerned with the appointment of a committee of consultants to the board of nurse registration and nursing education.</td>
<td>1. These provisions were added for the following reasons:</td>
</tr>
<tr>
<td></td>
<td>a) it was agreed that the board would find the advice of representatives of other related fields helpful.</td>
</tr>
<tr>
<td></td>
<td>b) it was agreed that an all-nurse board might be more readily accepted by allied professions if such a committee was provided.</td>
</tr>
</tbody>
</table>

---

Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.
Qualifications of Applicants

An applicant for a license to practice as a registered nurse shall submit to the board written evidence, verified by oath, that said applicant:

1. Is of good moral character;
2. Is in good physical and mental health;
3. Has completed at least an approved four-year high school course of study or the equivalent thereof as determined by the state university or other appropriate educational agency;
4. Has completed the basic professional curriculum in an accredited school of nursing and holds a diploma therefrom;
5. Shall meet other qualification requirements as the board may prescribe.

License

1. By examination:

The applicant shall be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral or practical examination. Upon successfully passing such examination, the board shall issue to the applicant a license to practice nursing as a registered nurse.

2. Without examination:

The board may issue a license to practice nursing as a registered nurse without examination to an applicant who has been duly licensed as a registered nurse under the laws of another state, territory or foreign country, if in the opinion of the board the applicant meets the qualifications required of registered nurses in this state.


46 Ibid., Section 4, pp. 7-8.

47 Ibid., Section 6.
Provisions Added to Rhode Island's Law (Continued)

Registered Nurses

Qualifications of Applicants

1. Applicants shall submit evidence of qualifications for licensure to board on forms furnished by the division of professional regulation.

2. Equivalent of high school education shall be determined by the rules and regulations of the state board of education.

3. Applicants for licensure shall be at least twenty years of age.

License

1. By endorsement.

2. Licensure by examination in another state, territory or foreign country was made a requirement for licensure by endorsement.

Provisions Deleted from Rhode Island's Law (Continued)

Registered Nurses

Qualifications of Applicants

1. In Rhode Island, high school equivalency is determined in keeping with the rules and regulations of the State Department of Education.

2. It was felt that the General Assembly would object to this provision because it allowed the board an undetermined amount of discretion.

Reasons for Additions

Registered Nurses

Qualifications of Applicants

1. This addition is in keeping with Rhode Island Public Laws 1968, Chapter 2228.

2. Equivalency of high school education is determined by State Department of Education in Rhode Island.

3. This provision was added because it was considered advisable to delete the suggested discretionary clause allowing the board to include this requirement in its rules and regulations.

Reasons for Deletions

Registered Nurses

Qualifications of Applicants

1. Equivalent of high school education shall be determined by state university or other appropriate educational agency.

2. Shall meet other qualifications as the board may determine.

License

No provisions deleted.

License

No provisions deleted.

Footnotes:

49 Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951-1952. Address, op. cit.
Registered Nurse

License (Continued)

(3) A temporary license to practice for a period of one year may be granted, at the discretion of the board, to nurses who are licensed in and citizens of other countries.

Fee

The applicant applying for a license to practice as a registered nurse shall pay a fee of $_____ to the board.

Title and Abbreviation

Any person who holds a license to practice as a registered nurse in this state shall have the right to use the title 'Registered Nurse' and the abbreviation 'R.N.' No other person shall assume such title or use such abbreviation or any other words, letters, signs or figures to indicate that the person using the same is a registered nurse.

Nurses Registered Under a Previous Law

Any person holding a license or certificate of registration to practice nursing as a registered nurse issued by the board which is valid on (date this act is to take effect) shall thereafter be deemed to be licensed as a registered nurse under the provisions of this act.

COMPAREATIVE SUMMARY III (Continued)

REGISTERED NURSE (Continued), LICENSE (Continued), FEE, TITLE AND ABBREVIATION, NURSES REGISTERED UNDER PREVIOUS LAW

SELECTED PROVISIONS FROM RHODE ISLAND'S NURSING PRACTICE ACT (Continued)

Registered Nurse

Fee

The applicant applying for a license to practice as a registered nurse shall pay a fee of $15.00 to the state department of health.

Title and Abbreviation

Any person who holds a license to practice as a registered nurse in this state shall have the right to use the title 'Registered Nurse' and the abbreviation 'R.N.' No other person shall assume such title or use such abbreviation or any other words or letters, signs, figures or devices to indicate that the person using the same is a registered nurse.

Nurses Registered Prior to May 1, 1952 (or the effective date of this act)

Any person holding a license or certificate of registration to practice nursing as a registered nurse in this state which is valid on the effective date of this act shall thereafter be deemed to be licensed as a registered nurse under the provisions of this chapter.


52 Rhode Island General Laws 1938, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2936.

53 Ibid., Section 6.
<table>
<thead>
<tr>
<th>Provisions Added to Rhode Island's Law (Continued)</th>
<th>Reasons for Additions</th>
<th>Registered Nurse (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee</td>
<td>Fee</td>
<td></td>
</tr>
<tr>
<td>1. The applicant applying for a license to practice as a registered nurse shall pay a fee of $15.00 to the state department of health.</td>
<td>1. This provision is in keeping with Rhode Island General Laws 1938, Chapter V.</td>
<td></td>
</tr>
<tr>
<td>Title and Abbreviation</td>
<td>Title and Abbreviation</td>
<td></td>
</tr>
<tr>
<td>No provisions added.</td>
<td>No provisions added.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provisions Deleted from Rhode Island's Law (Continued)</th>
<th>Reasons for Deletions</th>
</tr>
</thead>
<tbody>
<tr>
<td>License (Continued)</td>
<td>License (Continued)</td>
</tr>
<tr>
<td>3. A temporary license to practice for a period of one year may be granted, at the discretion of the board to nurses who are licensed in and citizens of other countries.</td>
<td>3. The provision was omitted because of the experience of one state in which a nurse, granted temporary licensure and later found ineligible for a permanent license, took the matter to court where a judge declared her eligible for full licensure on the grounds of her temporary qualifications.</td>
</tr>
<tr>
<td>Fee</td>
<td>Fee</td>
</tr>
<tr>
<td>1. The applicant applying for a license to practice as a registered nurse shall pay a fee of $3 to the board.</td>
<td>1. This provision was deleted in keeping with Rhode Island General Laws 1938, Chapter V.</td>
</tr>
<tr>
<td>Title and Abbreviation</td>
<td>Title and Abbreviation</td>
</tr>
<tr>
<td>No provisions deleted.</td>
<td>No provisions deleted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurses Registered Under Previous Law</th>
<th>Reasons for Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>No provisions added.</td>
<td></td>
</tr>
</tbody>
</table>

---

Rhode Island State Nurses' Association; adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.

Ibid.
Licensed Practical Nurse 57

Qualification of Applicant

An applicant for a license to practice as a licensed practical nurse shall submit to the board written evidence, verified by oath, that the applicant:

(1) Is of good moral character;
(2) Is in good physical and mental health;
(3) Has completed at least two years of high school or its equivalent and such other preliminary qualification requirements as the board may prescribe;
(4) Has successfully completed the prescribed curriculum in a state approved program of practical nursing and holds a diploma or certificate therefrom.

License

(1) By examination:

The applicant shall be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral or practical examination. Upon successfully passing such examination, the board shall issue to the applicant a license to practice as a licensed practical nurse.

(2) Without examination:

The board may issue a license to practice as a licensed practical nurse without examination to any applicant who has been duly licensed or registered as a licensed practical nurse or a person entitled to perform similar services under a different title, under laws of another state, territory or foreign country if, in the opinion of the board, the applicant meets the requirements for licensed practical nurse in this state.

58 Ibid., Section 5, pp. 8-10.

Licenses for Practical Nurses; Qualifications of Applicants, License

SELECTED PROVISIONS FROM RHODE ISLAND'S NURSING PRACTICE ACT 58 (Continued)

Licensed Practical Nurses 59

Qualification of Applicant

An applicant for a license to practice as a licensed practical nurse shall submit to the board written evidence on forms furnished by the division of professional regulation verified by oath that the applicant:

(1) Is of good moral character;
(2) Is in good physical and mental health;
(3) Has completed the preliminary educational requirements as may from time to time be prescribed by the board;
(4) Has successfully completed the prescribed curriculum in a state approved program of practical nursing and holds a diploma or certificate therefrom, or who, in the opinion of the board, has completed the equivalent of such a program in an accredited school of professional nursing;
(5) Shall be at least eighteen years of age.

License

(1) By examination:

The applicant shall be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral or practical examination. Upon successfully passing such examination, applicant shall receive a license to practice as a licensed practical nurse.

(2) Without examination by endorsement:

A license to practice as a licensed practical nurse may be issued without examination to any applicant who has been duly licensed or registered by examination as a licensed practical nurse or a person entitled to perform similar services under a different title, under laws of another state, territory or foreign country, if, in the opinion of the board, the applicant meets the requirements for licensed practical nurses in this state.

58 Rhode Island General Laws 1938, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2936.
59 Ibid., Section 7.
MAJOR DIFFERENCES BETWEEN RHODE ISLAND'S LAW AND SUGGESTIONS OF AMERICAN NURSES' ASSOCIATION

Provisions Added to Rhode Island's Law (Continued)

Licensed Practical Nurses

Qualification of Applicant

1. Has completed the preliminary educational requirements as may from time to time be prescribed by the board.

2. Or who, in the opinion of the board, has completed the equivalent of such a program (practical nursing) in an accredited school of nursing.

3. Shall be at least eighteen years of age.

Reasons for Additions

<table>
<thead>
<tr>
<th>Licensed Practical Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualification of Applicant</td>
</tr>
</tbody>
</table>

1. This provision was included to allow the board the privilege of changing preliminary educational requirements as the field of practical nurse education may require.

2. This allowance was made to allow for the licensure, by test, of students who withdrew in good standing from a school of nursing after having completed the equivalent of an approved course in practical nursing.

3. There was general agreement that the lower age limit should be included in the law and that this could be changed at some future date if necessary.

License

1. By endorsement.

Reasons for Deletions

<table>
<thead>
<tr>
<th>Licensed Practical Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualification of Applicant</td>
</tr>
</tbody>
</table>

1. It was decided to allow the board to use their discretion in determining preliminary educational requirements, but it was felt the General Assembly would not accept the board's suggestion that the members determine other preliminary qualifications.

License

No provisions deleted.

Rhode Island State Nurses' Association, Adapted from the Minutes of Committee on Legislation, 1951-1952. Address, op. cit.
Licensed Practical Nurse (Continued)

Fee

The applicant applying for a license to practice as a licensed practical nurse shall pay a fee of $____ to the board.

Title and Abbreviation

Any person who holds a license to practice as a licensed practical nurse in this state shall have the right to use the title "Licensed Practical Nurse" and abbreviation "L.P.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is a licensed practical nurse.

Persons Licensed Under Previous Law

Any person holding a license or certificate of registration to practice nursing as a practical nurse issued by the board which is valid on (date this act is to take effect) shall thereafter be deemed to be licensed as a practical nurse under the provisions of this act.

---

64 Ibid., Section 5, pp. 8-10.
65 Ibid., Section 7.
<table>
<thead>
<tr>
<th>Licensed Practical Nurse (Continued)</th>
<th>Reasons for Additions</th>
<th>License Practical Nurse (Continued)</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The applicant applying for a license to practice as a practical nurse shall pay a fee of $15.00 to the state department of health.</td>
<td></td>
<td>1. The addition was made in keeping with Rhode Island General Laws 1938, Chapter V.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persons Licensed Under Previous Law</th>
<th>Persons Licensed Under Previous Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>No provisions added.</td>
<td>No provisions added.</td>
</tr>
</tbody>
</table>
Licensure Practical Nurse 69 (Continued)

Licensure by Waiver

Application for licensure under this provision must be made before ______. The board may issue a license to practice as a licensed practical nurse to any person who shall submit to the board written evidence, verified by oath, that said applicant:

1. Is of good moral character;
2. Is in good physical and mental health;
3. Is a resident of this state and has cared for the sick in this state ______ years immediately prior to ______;
4. Has had at least one year of experience in the nursing care of the sick in this state prior to (date);
5. Has passed a state board examination. The applicant must be endorsed by two physicians licensed in (state) who have personal knowledge of the applicant's qualifications and by two persons who have employed the applicant.

---


69 Iud., Section 5, pp. 3-10.

70 General Laws 1938, Chapter 230, Amended in Entirety by Public Laws 1952, Chapter 336.

71 Iud., Section 7.
Provisions Added to Rhode Island's Law (Continued)

<table>
<thead>
<tr>
<th>Licensed Practical Nurse (Continued)</th>
<th>Reasons for Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure by Waiver</td>
<td></td>
</tr>
</tbody>
</table>

1. The word was substituted for the word may by the Senate's Committee on Judiciary, thus making it mandatory for the board to issue a license to anyone meeting the qualifications included in the waiver.

2. A resident of the state has lived in this state for two years immediately prior to the effective date of this chapter.

3. The applicant must be endorsed by a physician licensed in this state.

Provisions Deleted from Rhode Island's Law (Continued)

<table>
<thead>
<tr>
<th>Licensed Practical Nurse (Continued)</th>
<th>Reasons for Deletions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure by Waiver</td>
<td></td>
</tr>
</tbody>
</table>

1. The word may was changed to the word shall by the Senate's Committee on Judiciary.

2. This qualification was not incorporated per se because it was agreed it would be difficult for the board to define its concept of caring for the sick.

3. This provision was not used per se because it did not limit the acquisition of the experience to any specific period immediately preceding the passage of the act.

4. It was agreed that the General Assembly would not accept this qualification.

5. This provision was changed to require the endorsement of one physician by the Senate's Committee on Judiciary.
Renewal of License

The license of every person licensed under the provisions of this Act shall be renewed biennially renewed, except as hereinafter provided. On or before (date), the board shall mail an application for renewal of license to every person to whom a license was issued or renewed during the current year. The applicant shall fill in the application blank and return it to the board with a renewal fee of (amount), before (date). Upon receipt of the application and fee, the board shall verify the accuracy of the application and issue to the applicant a certificate of renewal for the current year, beginning ______ 1st, and expiring ______ 31st. Such a certificate of renewal shall render the holder thereof a legal practitioner of nursing for the period stated on the certificate of renewal.

Any licensee who allows his or her license to lapse by failing to renew the license as provided above may be reinstated by the board on satisfactory explanation for such failure to renew his or her license, and on payment of current renewal fee.

77 Ibid., Section 6, p. 10.
Provisions Added to Rhode Island's Law (Continued)

**Renewal of License**

1. The license of every person licensed under the provisions of this chapter shall expire on the first day of March next following the date of license and every license or registration heretofore granted by said board shall expire on the first day of March next following the effective date of this act.

2. The administrator of professional regulation is responsible for mailing the renewal application and for granting the current license after the accuracy of the application has been verified.

3. Annual renewal fee shall be $1.00.

4. Any licensee who allows his or her license to lapse by failing to renew the license on or before March 1st in each year as provided above may be reinstated by the administrator of professional regulation on payment of the current renewal fee, plus an additional fee of $2.00.

Reasons for Additions

- Renewal of License
  1. Provisions were made for annual rather than biennial renewal of licenses because such a procedure was already in satisfactory use in Rhode Island.
  2. This addition was made in keeping with Rhode Island Public Laws 1949, chapter 2228.
  3. The sum of $1.00 was established because this amount is most commonly used as a renewal fee by other boards in the United States.
  4. The payment of an additional fee in instances of late renewal of licenses is in keeping with such a policy that has been consistently and successfully followed by other boards in Rhode Island.

Provisions Deleted from Rhode Island's Law (Continued)

**Renewal of License**

1. The license of every person licensed under the provisions of this act shall be biennially renewed, except as hereafter provided.

2. The deletion was made in keeping with Rhode Island Public Laws 1949, chapter 2228.
Renewal of License (Continued)

Any person practicing nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violations of this act.

A nurse who does not intend to engage in nursing in the state during the next biennium, upon written request to the board, may have her name transferred to an inactive list and shall not be required to pay the renewal fee as long as she remains inactive. Should she wish to resume nursing at some future time, she shall notify the board and remit the renewal fee for the current biennial period.


82 General Laws 1930, Chapter 230, Amended in Entirety by Public Laws 1952, Chapter 2920.

83 Told., Section 9.
MAJOR DIFFERENCES BETWEEN RHODE ISLAND’S LAW AND SUGGESTIONS OF AMERICAN
HOSPITAL ASSOCIATION (Continued)

Provisions Added to Rhode Island’s Law (Continued)

Reasons for Additions

Renewal of License (Continued)

No provisions added.

Provisions Deleted from Rhode Island’s Law (Continued)

Reasons for Deletions

Renewal of License (Continued)

No provisions deleted.
DISPOSITION OF FUNDS

All fees received by the board and fines collected under this chapter shall be paid to the general treasurer.

\[\text{Disposition of Funds}^{37}\]
<table>
<thead>
<tr>
<th>Provisions Added to Rhode Island's Law (Continued)</th>
<th>Reasons for Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposition of Funds</td>
<td>Disposition of Funds</td>
</tr>
<tr>
<td>1. All fees received by the board and fines collected under this chapter shall be paid to the general treasurer.</td>
<td>1. This addition is in keeping with Rhode Island General Laws 1938, Chapter V.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provisions Deleted from Rhode Island's Law (Continued)</th>
<th>Reasons for Deletions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposition of Funds</td>
<td>Disposition of Funds</td>
</tr>
<tr>
<td>1. All suggestions relative to disposition of funds.</td>
<td>1. This deletion was made in keeping with Rhode Island General Laws 1938, Chapter V.</td>
</tr>
</tbody>
</table>
Schools of Nursing

Application for Accreditation

An institution desiring to conduct a school of professional or practical nursing shall apply to the board and submit evidence that:

(1) It was prepared to carry out the prescribed basic professional curriculum or the prescribed curriculum for practical nursing, as the case may be.

(2) It is prepared to meet other standards established by this law and by the board.

Survey

A survey of the institution or institutions with which the school is to be affiliated shall be made by the executive secretary or other authorized employee of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements for an accredited school of nursing are not, it shall approve the school as an accredited school of nursing.

From time to time, as deemed necessary by the board, it shall be the duty of the board, through its executive secretary or other authorized employee, to survey all schools of nursing in the state. Written reports of such surveys shall be submitted to the board. If the board determines that any accredited school of nursing is not maintaining the standards required by the statutes and by the board notice thereof in writing, specifying the defect or defects, shall be immediately given to the school. A school which fails to correct these conditions to the satisfaction of the board within a reasonable time shall be discontinued after hearing.

91 Ibid., Section 8, p. 11.
92 Rhode Island General Laws 1938, Chapter 238, Amended in Entirety by Public Laws 1956, Chapter 2936.
93 Ibid., Section 11.
MAJOR DIFFERENCES BETWEEN RHODE ISLAND'S LAW AND SUGGESTIONS OF AMERICAN NURSES' ASSOCIATION

Provisions Added to Rhode Island's Law (Continued)

Schools of Nursing

Application for Accreditation

1. The word program was substituted for school in several sections of the bill.

Survey

1. The state director of nursing education shall survey all affiliating programs.

2. All accredited programs shall maintain accurate and current records showing in full the theoretical instruction and clinical experience given each student.

Reasons for Additions

Schools of Nursing

Application for Accreditation

1. This change was made to include three local nursing programs, two for collegiate students and one for students of practical nursing which are not classified as schools.

Survey

1. This provision was added to assure a clear-cut understanding of the board's relationship to affiliating programs.

2. This clause was patterned after a similar statement included in the General Statutes of Kansas 1919, Chapter 65, Public Health Article 11, §§ 101, 15-126. This law was recommended as being a desirable one.

Provisions Deleted from Rhode Island's Law (Continued)

Schools of Nursing

No provisions deleted.
Disciplinary Proceedings

Grounds for Discipline

The board shall have power to deny, revoke or suspend any license to practice nursing issued by the board or applied for in accordance with the provisions of this Act, or to otherwise discipline a licensee upon proof that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
2. Is guilty of a crime or gross immorality;
3. Is unfit or incompetent by reason of negligence, habits or other causes;
4. Is habitually intemperate or is addicted to the use of habit-forming drugs;
5. Is mentally incompetent;
6. Is guilty of unprofessional conduct;
7. Has wilfully or repeatedly violated any of the provisions of this Act.

96 Ibid., Section 9, pp. 12-13.

97 Rhode Island General Laws 1938, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2935.

98 Ibid., Section 12.
Provisions Added to Rhode Island's Law (Continued)

Disciplinary Proceedings

No provisions added.

Provisions Deleted from Rhode Island's Law (continued)

Disciplinary Proceedings

No provisions deleted.
Disciplinary Proceedings

Upon filing of a sworn complaint with the board, charging a person with having been guilty of any of the actions specified as a ground for disciplinary action, the executive secretary of the board shall fix a time and place for a hearing and shall cause a copy of the charges, together with a notice of the time and place, fixed for the hearing, to be served on the accused at least ten days prior thereto. When personal service cannot be effectuated by such fact is certified on oath by any person duly authorized to make legal service, the executive secretary of the board shall cause to be published, twice in each of two successive weeks, a notice of the hearing in a newspaper published in the county in which the accused last practiced according to the records of the board and shall mail a copy of the charges and of such notice to the accused at his or her last known address. When publication of the notice is necessary, the date of the hearing shall not be less than ten days after the last date of the publication of the notice.

The attendance of witnesses and the production of books, papers and documents at the hearing may be compelled by subpoenas issued by the board, which shall be served in accordance with law. At the hearing the board shall administer oaths as may be necessary for the proper conduct of the hearing. The board shall not be bound by strict rules of procedure or by the laws of evidence in the conduct of its proceedings, but the determination shall be based upon sufficient legal evidence to sustain it.

At the hearing the accused shall have the right to appear either personally or by counsel, or both, to produce witnesses and evidence on his or her own behalf, to cross-examine witnesses and to have subpoenas issued by the board. If the accused is found guilty of the charges the board may refuse to issue a license to the applicant or may revoke, suspend or otherwise discipline a license.

A revoked or suspended license may be reissued after one year, in the discretion of the board.

100 Ibid., Section 9, pp. 12-13.
Provisions Added to Rhode Island's Law (Continued)

Disciplinary Proceedings

1. Two or more members of the board shall immediately investigate charges or, the board after investigation may institute charges.

2. The board shall fix a time and place for hearing and shall cause a copy of the charges to be served on the accused.

3. When personal service cannot be effected, the board shall cause a copy of the charges, together with the time and place fixed for meeting to be served personally upon the accused at least twenty days prior to the time fixed for the hearing.

4. When publication of notice is necessary, the date of hearing shall not be less than twenty days after the last date of publication of the notice.

Reasons for Additions

Disciplinary Proceedings (Continued)

1. There was common agreement with the attorney that, before institution of charges, the complaints should be investigated.

2. This is in keeping with the overall provisions of the nursing practice act, which delegates all powers to the board of which the executive secretary is not a member.

3. Twenty days notification of the date of the hearing was provided to allow time for the accused to engage counsel and prepare defense.

4. Most of the statutes in Rhode Island require twenty days notice between the publication of the notice and the date of the hearing.

Provisions Deleted from Rhode Island's Law (Continued)

Disciplinary Proceedings (Continued)

1. Since the proposed nursing practice act did not provide for the executive secretary to be a member of the board, it did not seem advisable to delegate these responsibilities to her.

2. Ten days' notification of the hearing was not considered sufficient time to allow the accused to engage counsel and prepare defense.

3. When publication of notice is necessary, the date of the hearing shall not be less than ten days after the last date of publication of the notice.

Major Differences Between Rhode Island's Law and Suggestions of American Nurses' Association

103 Ibid.
Rehearing and Appeal

Major provisions do not include any suggestions about inclusion of a section on rehearing and appeal.

Rehearing and Appeal

Any person suffering legal wrong because of any order of the board refusing to issue or revoking or suspending a nursing license, and any school of nursing suffering a legal wrong because of an order of the board refusing to accredit a school of nursing or revoking or suspending accreditation previously granted, such a school may:

(a) Apply to the board for a rehearing in respect to such matters within ten days from the date of the service of such order and the board shall grant or deny such rehearing within ten days from the date of the filing of application therefor. If a rehearing or reconsideration be granted, the matter shall be determined by the board within thirty days after the same shall be submitted. No cause of action arising out of any order of the board shall accrue to any party unless such party shall make application for a rehearing as herein provided.

(b) An appeal from any decision or order of the board may be claimed by any aggrieved party within thirty days from such decision or order by filing a claim of appeal and reasons therefor in the office of the clerk of the superior court in the county wherein the aggrieved party resides. A copy of the aggrieved party's claim of appeal and reasons therefor shall be served upon the executive secretary or other authorized representative of the board. The executive secretary or other authorized representative of the board shall promptly certify to the clerk of the superior court a correct and full copy of the record of the board in connection with the order including a transcript of the evidence, if the same has been taken, its findings of fact, conclusions and a copy of the order.

105 Rhode Island General Laws 1938, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2936.
106 Ibid., Section 13.
Rehearing and Appeal

1. This entire section on rehearing and appeal was added to the Rhode Island Law.

Reasons for Additions

Rehearing and Appeal

1. As advised by the attorney, this section was added to the proposed bill because it:

(a) provides the accused with the opportunity to produce new evidence that may not have been available at the original hearing.

(b) Prevents a sudden appeal to the Superior Court because the accused is prohibited from such a course until he or she first applies for a rehearing.

(c) Helps to prevent the board from being accused of a capricious or arbitrary decision, because it provides for the nurse to submit new evidence that may not have been available at the original hearing.

Provisions Added to Rhode Island's Law (Continued)

Rehearing and Appeal

1. Thi...
Rehearing and Appeal (Continued)

Major provisions do not include any suggestion about inclusion of a section on rehearing and appeal.
Provisions Added to Rhode Island's Law (Continued)

Rehearing and Appeal (Continued)

1. This entire section on Rehearing and Appeal was added to Rhode Island's Law.

Reasons for Additions

Rehearing and Appeal (Continued)

1. As advised by the attorney, this section was added to the proposed bill because it:

   (a) provides the accused with the opportunity to produce new evidence that may not have been available at the original hearing.

   (b) prevents a sudden appeal to the Superior Court, because the accused is prohibited from such a course until he or she first applies for a rehearing.

   (c) helps to prevent the board from being accused of a capricious or arbitrary decision, because it provides for the nurse to submit new evidence that may not have been available at the original hearing.

Provisions Deleted from Rhode Island's Law (Continued)

Rehearing and Appeal (Continued)

No provisions deleted.

Reasons for Deletions

Rehearing and Appeal (Continued)

No provisions deleted.
Violations of Act, Penalties

It shall be a misdemeanor for any person (including any corporation, association or individual) to:

(a) Sell or fraudulently obtain or furnish any nursing diploma, license or record or aid or abet therein;

(b) Practice nursing as defined by this Act under cover of any diploma, license or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(c) Practice nursing as defined by this Act unless duly licensed to do so under the provisions of this Act;

(d) Use in connection with his or her name any designation tending to imply that he or she is a registered nurse or a licensed practical nurse unless duly licensed so to practice under the provisions of this Act;

(e) Practice nursing during the time his or her license issued under the provisions of this Act shall be suspended or revoked;

(f) Conduct a school of nursing or a course for the training of practical nurses unless the school or course has been accredited by the board;

(g) Otherwise violate any provisions of this Act.

---

**Penalties for Violation of Act**

It shall be a misdemeanor for any person, firm, corporation or association to:

(a) Sell or fraudulently obtain or furnish any nursing diploma, license or record or aid or abet therein;

(b) Practice nursing as defined by this Act under cover of any diploma, license or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(c) Practice nursing as defined by this Act unless duly licensed to do so under the provisions of this Act;

(d) Use in connection with his or her name any designation tending to imply that he or she is a registered nurse or a licensed practical nurse unless duly licensed to practice under the provisions of this Act;

(e) Practice nursing during the time his or her license issued under the provisions of this chapter shall be suspended or revoked;

(f) Conduct a school of nursing or a course for the training of practical nurses unless the school or course has been accredited by the board;

(g) Otherwise violate any of the provisions of this chapter.

---

113 Ibid., Section 11, pp. 13-14.
114 Ibid., Section 11.
<table>
<thead>
<tr>
<th>Provisions Added to Rhode Island's Law (Continued)</th>
<th>Reasons for Additions</th>
<th>Penalties for Violation of Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>No provisions added.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provisions Deleted from Rhode Island's Law (Continued)</th>
<th>Reasons for Deletions</th>
<th>Penalties for Violation of Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>No provisions deleted.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Violations of Act, Penalties\textsuperscript{116} (Continued)

Such misdemeanor shall be punishable by a fine of not less than $____ for the first offense. Each subsequent offense shall be punishable by a fine of $____, or by imprisonment of not more than ______, or by both such fine and imprisonment.

Courts of original criminal jurisdiction, within their respective territorial jurisdictions, are hereby empowered to hear, try and determine such misdemeanor without indictment and to impose in full the punishment or imprisonment and fines herein prescribed. It shall be necessary to prove in any prosecution or hearing under this article only a single act prohibited by law or a single holding out or an attempt without proving a general course of conduct, in order to constitute a violation.

Such misdemeanors shall be prosecuted by the attorney-general, in the name of the people of the state; provided, however, that nothing in this section shall be interpreted to prevent or impede the prosecution of such proceedings by the district attorney of any county when such proceedings shall have been initiated by him.

Injunctions

The American Nurses' Association did not make any suggestions about the inclusion of a provision for injunctions.


\textsuperscript{116} Ibid., Section 11, pp. 13-14.

\textsuperscript{117} Rhode Island General Laws 1936, Chapter 280, Amended in Entirety by Public Laws 1952, Chapter 2936.

\textsuperscript{118} Ibid., Section 11.

\textsuperscript{119} Ibid., Section 15.
Provisions Added to Rhode Island's Law (Continued)

Penalties for Violation of Act (Continued)

1. The amount of money to be paid and the length of imprisonment to be served in instances where chapter is violated.

Reasons for Additions

Penalties for Violation of Act (Continued)

1. These additions were made in keeping with Rhode Island Public Laws 1941, Chapter 625.

Injunctions

1. All provisions about injunctions.

Reasons for Deletions

Penalties for Violation of Act (Continued)

1. All provisions for court procedure.

Injunctions

1. This provision was added in keeping with the attorney's advice that it would allow the procurement of an ex parte restraining order from the Superior Court, prohibiting the continuance of any violations of the act during the interim in which arrangements were being made for a hearing before the board.

---

Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.

121 Ibid.
Exception 123

No provision of this law shall be construed as prohibiting gratuitous nursing by friends or members of the family, or as prohibiting the incidental care of the sick by domestic servants or persons primarily employed as housekeepers, as long as they do not practice nursing within the meaning of this Act, or as prohibiting nursing assistance in the case of an emergency; nor shall it be construed as prohibiting the practice of nursing by students enrolled in accredited schools of professional nursing, or in schools of practical nursing, or by graduates of such schools or courses pending the results of the first licensing examination scheduled by the board following such graduation; nor shall it be construed as prohibiting the practice of nursing in this state by any legally qualified nurse of another state whose engagement requires him or her to accompany and care for a patient temporarily residing in this state during the period of one such engagement, not to exceed six months in length, provided such person does not represent or hold himself or herself out as a nurse licensed to practice in this state; nor shall it be construed as prohibiting the practice of any legally qualified nurse of another state who is employed by the United States Government or any bureau, division or agency thereof, while in the discharge of his or her official duties.


123 Ibid., Section 13, p. 13.
Provisions Added to Rhode Island's Law (Continued)

Exceptions

1. The provisions pertaining to care rendered by friends, servants, housekeepers, and household aides were liberalized.

2. The provisions about newly graduated nurses were changed to provide for their employment in keeping with board regulations.

3. All provisions about the employment of persons to assist with nursing care in hospitals and licensed homes for aged and/or convalescent persons.

4. The exception pertaining to the care of the sick in connection with the practice of one's religion.

5. All provisions allowing nurses licensed elsewhere to work in Rhode Island for three months pending receipt of licensure by endorsement.

Provisions Deleted from Rhode Island's Law (Continued)

Exceptions

1. No provision of the law shall be construed as prohibiting gratuitous nursing by friends or members of the family, or as prohibiting the incidental care of the sick by domestic servants or persons employed primarily as housekeepers, as long as they do not practice nursing within the meaning of this Act.

2. Nor shall it be construed as prohibiting the practice of nursing by graduates of schools of nursing or courses pending the results of the first licensing examination, scheduled by the board following such graduation.

Reasons for Additions

1. These additions were made because of concern on the part of the Rhode Island Medical Society that the proposal made by the American Nurses' Association might restrict administration of simple nursing care in minor illnesses.

2. This change was made to provide for the employment of practitioners who fail the first examination.

3. Exceptions for persons in hospitals were added to allow for employment of ancillary personnel. The provisions for licensed homes were added by the Senate's Committee on Judiciary in keeping with a request from the Association of Nursing Homes.

4. This provision was added to cover such persons as practitioners of Christian Science.

5. This addition was included to make it unnecessary for such nurses to obtain registration before starting employment in Rhode Island.

Reasons for Deletions

1. This provision was deleted in favor of a broader one, because of concern on the part of the Rhode Island Medical Society that the exception suggested by the American Nurses' Association might restrict people from rendering simple nursing care in instances of minor illness, if the definition of practical nursing was strictly enforced.

2. The exception was deleted in favor of one allowing the board to adopt regulations about the practice of nursing by the practitioner who fails the first examination.
Repeal of Former Nursing Practice Act

Chapter (Identify present nursing practice act) is repealed.

Protection of Act

If any provision of this Act, or the application of such provision to any person or circumstance, shall be held invalid, the remainder of this Act or the application of such provision to persons or circumstances, other than those to which it is held invalid, shall not be affected thereby.


129 Ibid., Section 12, p. 14.
130 Ibid., Section 13, p. 14.

131 Rhode Island General Laws 1938, Chapter 280, Amended in Entirety by Public Laws 1952. Chapter 2936.
132 Ibid., Section 1.
133 Ibid., Section 18.
134 Ibid., Section 17.
## Provisions Added to Rhode Island's Law (Continued)

### Amendment of Former Nursing Practice Act

1. All provisions providing for the amendment in entirety of the former nursing practice act.

### Reasons for Additions

1. The new legislation was introduced in the General Assembly as an amendment to the former nursing practice act, because of the attorney's advice that the General Assembly was reluctant to repeal laws.

### Enforcement

1. The director of health shall enforce the provisions of this chapter.
2. The director of health shall be exempt from providing surety for costs in connection with the commencement of any legal proceedings under this chapter.

---

## Provisions Deleted from Rhode Island's Law (Continued)

### Amendment of Former Nursing Practice Act

1. All provisions for the repeal of the former nursing practice act.

### Reasons for Deletions

1. The new legislation was introduced as an amendment to the former nursing practice act, because of the attorney's advice that the General Assembly was reluctant to repeal laws.

### Enforcement

1. This addition was made in keeping with Rhode Island Public Laws 1935, (May Session), Chapter 2250.
2. This provision was included to assure the director of health exemption from the necessity of posting a surety bond that would guarantee any violator reimbursement for legitimate expenses incurred in his defense of his charges.

---

136 Ibid.

---

1. Rhode Island State Nurses' Association, Adapted from the Minutes of Meeting, Committee on Legislation, 1951. Address, op. cit.
APPENDIX B

Table of Contents

Membership of Board of Nurse Registration and Nursing Education and Committee of Consultants As Approved by the State Committee on Legislation on June 6, 1951.. 152
Board of Nurse Registration and Nursing Education

Appointment, Term of Office

The State Director of Health shall appoint a board, consisting of five nurse members, to constitute a board of Nurse Registration and Nursing Education, with the duties, powers and authority as set forth in this Act. One of the members of said board shall be a registered nurse on the faculty of a school for practical nurses. Within thirty days from the effective date of this Act, the Rhode Island State Nurses' Association shall submit to the State Director of Health a list of fifteen registered professional nurses, from which the five members to be appointed may be selected. The original term of office shall be one member for one year, two members for two years, and two members for three years, from April 1, 1952. Thereafter, the term of each member shall be three years. No member of the board shall serve more than two consecutive terms, including any time for unexpired terms. On expiration of the term of any member, or in the event that a vacancy occurs on said board, the Rhode Island State Nurses' Association shall submit to the Director of the State Department of Health a list of registered professional nurses, in number not less than three times the number of appointments to be made. Appointments shall be made from this list.

The State Director of Health may remove any member from the Board for neglect of any duty required by law, or for incompetency or unprofessional conduct.

---

PROPOSED MEMBERSHIP OF BOARD OF NURSE REGISTRATION AND NURSING EDUCATION 
AND COMMITTEE OF CONSULTANTS, AS OF JUNE 6, 1951 
(Continued)

Board of Nurse Registration and Nursing Education\(^2\) (Continued)

Qualification of Members

Each member of the board shall be a citizen of the United States and shall reside in the State of Rhode Island. Each nurse member of the Board shall be licensed or eligible for licensure in the State of Rhode Island; shall have had at least five years' experience in nursing following graduation in any one or any combination of the following fields: administration in schools of nursing, supervision in schools of nursing, teaching in schools of nursing, public health nursing in an agency affiliated with a school of nursing; shall have been actively engaged in nursing for at least three years preceding appointment or reappointment.

Before beginning his or her term of office, each member of the board shall take the oath prescribed by law for state officials, which oath shall be filed with the secretary of state.

\(^2\) Ibid.
PROPOSED MEMBERSHIP OF BOARD OF NURSE REGISTRATION AND NURSING EDUCATION
AND COMMITTEE OF CONSULTANTS, AS OF JUNE 6, 1951
(Continued)

Committee of Consultants

The Director of the State Department of Health shall appoint a counselling committee of five members for the Board of Nurse Registration and Nursing Education. The counselling committee shall meet upon the call of the board and shall render such counsel and assistance as the board may require.

The committee shall be composed of the following: One representative of the Hospital Association of Rhode Island, who is a director or other administrative representative of a hospital maintaining an accredited school of nursing; one representative of the Rhode Island State Medical Society, who is participating in a teaching program of an accredited school of nursing, one educator actively connected with a college or university and the State Director of the Department of Health and the administrator of Professional Regulation, ex-officio.

The original term of office for the members of the counselling committee shall be three years. On expiration of the term of any member or in case of a vacancy on said committee, each of the above-named organizations shall submit to the Director of Health a list to contain at least three times the number of vacancies to be filled. Appointments shall be made from this list. No members shall serve more than two consecutive terms. The Director of Health may remove any member of the counselling committee for neglect of any duty required by law or for any other dishonorable conduct.

---

3 Ibid.
**APPENDIX C**

Table of Contents

| Pamphlet Used to Promote Passage of 1952 Nursing Practice Act in Rhode Island | 156 |
| Interview Report Completed by Nurses Following Conferences with Legislators | 160 |
R. I. STATE NURSES' ASSOCIATION

I. What is a Nursing Practice Act?

It is a law regulating the safe practice of nursing in that it provides for a policy setting group (at present, called The State Committee on Nursing Education) who:

- determine the requirements to be met by accredited schools of nursing (practical and professional) within this state.
- determine the requirements to be met by professional and practical nurses seeking licensure within the state. Licensure may be obtained:
  a) by examination (graduates of local schools)
  b) by reciprocity without examination (graduates of schools of other states who have had preparation equivalent to that offered in Rhode Island and who have passed written examinations in their own state.)

II. What is the difference between a mandatory and a permissive nurse practice act?

A mandatory nurse practice act requires licensure of all who nurse for hire (with some exceptions as noted in Question VII) while a permissive nurse practice act allows anyone to nurse for hire as long as he or she does not call self by the titles protected in the law.

III. What type of nursing practice act do we have in Rhode Island at present?

Permissive allowing anyone to put on a uniform, call self a nurse, and legally nurse for hire as long as he or she does not call self a registered trained, or graduate nurse or a licensed practical nurse, the titles protected by the present law.

IV. How does the proposed nursing practice act differ from that now in effect?

In the following three areas:

The present law provides for two Committees or Boards; the policy setting group called the State Committee on Nursing Education made up of doctors, nurses, hospital administrators, and a general educator,
and the Board of Examiners In Nursing (all nurses) who administer tests and grant registration. The proposed law provides for an all nurse Board of Nursing Education and Nursing Registration, as the policy setting and examining group and a committee of consultants to the Board composed of doctors, a hospital administrator, a general educator, a layman, and a licensed trained practical nurse.

The proposed law requires the licensure of all who nurse for hire (with some exceptions as noted in Question VII.)

The proposed law provides for annual re-registration fee of $1.00 as compared with the present policy whereby annual renewal of licenses is provided without charge.

V. Why do R. I. nurses prefer an all nurse policy-setting board to the present State Committee on Nursing Education and the Board of Examiners In Nursing?

Actually the provisions of the present law in this respect will change little if the new act is passed. Under the new law, qualified nurses will be the policy setting group but they must confer with the Committee of consultants at least four times yearly. This will make fewer demands on the time of the doctors, hospital administrator, etc. than at present. In addition the functions of the members of the Board (i.e. surveying local schools of nursing, evaluating educational programs for student nurses determining content of courses, evaluating qualifications of applicants for licensure) are such that they require the educational preparation and experience which only nurse educators possess. Of interest is the fact that forty or more states have now made provisions for an all nurse board.

VI. Why do Rhode Island Nurses desire a mandatory nurse practice act requiring licensure of all who nurse for hire (with some exception as noted in Question VII.)?

In order to protect the public from incompetent nursing. Our present law does not allow the public to differentiate between a competent and an incompetent nurse. Under the provisions of our present law, people without any kind of training are being sent to homes as "nurses" for $60, $70, and $80 weekly. These "nurses" are a menace to the community in that many of them do not hesitate to give the most complicated procedures which, if not administered correctly, may mean the death of a loved one. The fact that these people can hire out as "nurses" lead the community to think the so called "nurses" are trained. The very word "nurse" implies training.

Actually, among the groups which must be licensed to practice by the State Department of Health, Nursing is the only one not requiring licensure for hire. A barber must be licensed to cut hair, a plumber must be licensed to fix a pipe, a hairdresser must be licensed to manicure nails, but, under our present nursing practice act, anyone may nurse the most important thing in the country, the human being.
VII. Will a mandatory nursing practice act make the “shortage of nurses” more acute in Rhode Island?

No. Actually it might help to increase the enrollment in local schools of nursing. According to our present nursing practice act, young people do not need to enter our schools of nursing in order to practice as a nurse. They can nurse any place within our state at any time as long as they do not call themselves a trained, graduate, or registered nurse or a licensed, practical nurse.

In Rhode Island we are preparing more nurses than ever. This includes graduate nurses as well as a new one year training program for practical nurses which has been started by the State Department of Education. The practical nurse program will be training three classes a year. The graduates of this program are eligible for licensure in the state and are prepared to relieve the graduate nurse of many duties not requiring the skills of the trained nurse.

In addition, the proposed law provides for the following exceptions to licensure:

“No provision of the law shall be construed as prohibiting:

- gratuitous nursing by friends or members of the family or as
  prohibiting the incidental care of the sick by domestic servants,
  housekeepers, nurse-maids, companions, or household aids of any
  type whether employed regularly or because of an emergency of
  illness, provided such person is employed primarily in a domestic
  capacity and does not hold himself or herself out or accept employ-
  ment as a person licensed to practice nursing for hire under the pro-
  visions of this chapter, or as prohibiting nursing assistance in case of
  an emergency, etc.”

- practice of nursing by students in schools of nursing nor by
  graduates of such schools pending results of state board examina-
  tions.

- the practice of nursing in this state by any legally qualified
  nurse of another state whose engagement requires him or her to
  accompany and care for a patient temporarily residing in this state
  during the period of one such engagement, not to exceed six months
  in length.

- the practice of any legally qualified nurse of another state em-
  ployed by United States Government or any bureau, division, or
  agency thereof.

- the employment of people in licensed hospitals and sanitaria
  from assisting in the nursing care if adequate medical and nursing
  supervision is provided.

- nursing care of sick with or without compensation or personal
  profit when done in connection with the practice of the religious
  tenets of any recognized or established church as long as they do not
  engage in the practice of nursing as defined in this chapter.

- nursing by a nurse duly licensed by examination under laws
  of another state provided however that they apply for and are duly
  licensed under the laws of this state within three months from com-
  mencement of employment.”
VIII. Is there any other state in this area which has a mandatory nurse practice act?

1. Yes, New York and it is anticipated that other New England states will seek same.

IX. By whom has the proposed law been approved?

1. By the Committee on Nursing Education whose members are:

   Dr. Earl F. Kelly, Chairman—M. D. participating in teaching program of accredited school of nursing.

   Dr. David Wright—Supt. of incorporated hospital maintaining accredited school of nursing.

   Rev. Vincent C. Dore, O.P., L.L.D.—Educator actively connected with College or University.

   Dr. Louis Kramer—representing R. I. Medical Society.

   Miss Nellie Dillon, R.N.—representing R. I. State Nurses' Association.


   Mrs. Sarah Nagle, R.N.—representing State Organization for Public Health Nursing.

   Mrs. Agatha Sheffield—representing trustee of incorporated hospital maintaining accredited school of nursing.

   Mr. Carl Lindblad—representing Hospital Association of R. I.

   Ex-officio—Mrs. Florence Cooper, R.N.—Secretary.

   Miss Margaret C. Kelleher, R.N.—State Director of Nursing Education.

   Mr. Thomas Casey—Administrator, Division of Professional Regulation.

   Dr. Edward A. McLaughlin—Director of Rhode Island Department of Health.

2. By the members of the R. I. State Nurses Association representing 1000 in number.

3. By the members of the Practical Nurses Association of Rhode Island representing 200 in number.

4. In addition copies of the Bill have been forwarded to the R. I. Medical Society and the Hospital Association of R. I. for their respective approval and the Women's Joint Legislative Committee has expressed willingness to review and support the Bill.
INTERVIEW REPORT FORM
RHODE ISLAND STATE NURSES' ASSOCIATION

MEMORANDUM

FROM:

TO:

DATE:

Date of Interview

Name of Senator

Name of Representative

Other Name

(Town or City)

(Organization)

Report of Interview

Signed

Note: These reports can be utilized to the fullest extent only by your State Committee and their representative in the capital city when they are submitted immediately following an interview.

Please return to R.I. State Nurses' Association
42 Weybossett St, Providence, R.I.
## APPENDIX D

### Table of Contents

<table>
<thead>
<tr>
<th>Pamphlet Sent to Members of Rhode Island General Assembly by Chicago School of Nursing</th>
<th>162</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter Sent to Legislators by Rhode Island State Nurses' Association in Response to Pamphlet Circulated by Chicago School of Nursing</td>
<td>186</td>
</tr>
<tr>
<td>Letter Sent to Legislators by the Practical Nurse Association of Rhode Island in Response to Pamphlet Circulated by Chicago School of Nursing</td>
<td>189</td>
</tr>
</tbody>
</table>
Should the Practical Nurse Be Eliminated?

Only the practical nurse can do home nursing and housework at a cost the average person can pay. Yet proposed state laws, sponsored by the American Nurses' Association, would eliminate the practical nurse by allowing only institutionally trained persons to nurse for hire. Such legislation would endanger the lives and health of millions of people and should be defeated. (See pages 17 to 19 for provisions of suggested law which would keep benefits and raise standards of practical nursing.)*

HELP DEFEAT Rhode Island Senate Bill No. 13?

*A survey for the attention of legislators, physicians, nurses, ministers, women's organizations, civic groups, and others interested in the problems of nursing as related to the public health and welfare.
THE 3 CLASSES OF NURSES

A nurse does not diagnose or prescribe treatment for human ailments. These responsibilities are the basis of the practice of medicine and are reserved by state laws for the doctor. The nurse gives bedside care, feeds the patient, carries out treatments under instructions from the doctor, and reports her observations to the doctor. The needs of the public call for different levels of skill in nurses who care for persons ill at home as well as different levels of skill for nurses on duty in hospitals. To meet these needs there are three main classes of nurses.

1

AMATEUR—Most home nursing is done by amateur nurses: mothers, wives, relatives, neighbors, friends or the patient himself. Such nursing is without pay.

2

PRACTICAL—Most paid home nursing is done by practical nurses, called in by doctors. Practical nurses, as their name implies, are not hospital graduates; they acquire their skill from practical experience under the doctor’s supervision.

3

REGISTERED—Most institutional nursing and nursing in the higher income homes is done by registered nurses. Registered nurses are graduates of high school and have completed three-year hospital training courses.
The Practical Nurse a Necessity for Home Nursing

Only the practical nurse supplies combined nursing and homemaking at low cost as required by home patients and their families. Employed mostly on cases of illness in homes, the practical nurse renders a service irreplaceable in the community.

Patients served by the practical nurse include those convalescing from illnesses, operations, and childbirths following hospitalization. Patients with communicable diseases: measles, mumps, chicken pox, whooping cough, etc., must be cared for in the home because most communities do not have a communicable disease hospital. If paid nursing care is required practical nurses are usually employed for all but the most serious communicable diseases.

Patients requiring paid nursing care because of chronic ailments, such as arthritis, paralysis, cancer, and heart conditions, also mild mental and aged patients, are cared for at home largely by practical nurses.

In a national health survey including more than 2 1/2 million persons, made by the United States Public Health Service, 17.7 percent was reported as having a chronic disease or impairment. The number of days of disability per case was 154.

In both acute and chronic illnesses disabling for a week or longer, the days of disability per case, according to age, were reported as follows:

<table>
<thead>
<tr>
<th>Days of Disability Per Case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>All ages</td>
</tr>
<tr>
<td>Acute</td>
</tr>
<tr>
<td>Chronic</td>
</tr>
<tr>
<td>All ages</td>
</tr>
<tr>
<td>Under 15</td>
</tr>
<tr>
<td>15 - 24</td>
</tr>
<tr>
<td>25 - 64</td>
</tr>
<tr>
<td>65 and over</td>
</tr>
</tbody>
</table>

On the basis of the survey, more than 26 1/2 million persons in the United States would be found during any one year to have a chronic disease or impairment. This high proportion of chronic disease in our population accounts for a large part of the public need for practical nurses.

Approximately one-fourth of recorded childbirths in America occur in homes; usually these are attended by practical nurses. In 1944, a total of 681,931 recorded childbirths and probably nearly all of the estimated 200,000 unrecorded births occurred in homes.
Many other patients not acutely or seriously enough ill for hospitalization require practical nursing care at home. These may include cases of accident, severe colds, influenza and numerous others. Thus there are various large groups of patients requiring practical nursing care in the home: convalescents, those suffering from communicable diseases, the chronically ill, maternity cases, and others who are not seriously enough ill for hospitalization. It is self-evident that life and health would be endangered by the elimination of the practical nurse, and the essential low cost nursing and homemaking service she supplies to American homes.
SHOULD THE PRACTICAL NURSE BE ELIMINATED?

THE SITUATION UNDER EXISTING LAWS

<table>
<thead>
<tr>
<th>AMATEUR NURSING</th>
<th>PRACTICAL NURSING</th>
<th>REGISTERED NURSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FAMILY OR FRIEND)</td>
<td>WAGE $28 to $70 WEEKLY</td>
<td>WAGE $70 to $108.50 WEEKLY</td>
</tr>
<tr>
<td>GRATIS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THE SITUATION UNDER PROPOSED LAWS

<table>
<thead>
<tr>
<th>AMATEUR NURSING</th>
<th>No Nursing Provided Under $50 to $70 Weekly</th>
<th>New Type of Trained Nurse Proposed in Bills</th>
<th>REGISTERED NURSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRATIS</td>
<td>Probable Wage Scale $50 to $80 Weekly</td>
<td>WAGE $70 - $108.50 WEEKLY</td>
<td></td>
</tr>
</tbody>
</table>

The wage rates shown here and throughout this booklet are for 20-hour duty. The range in wages shown for each class of nurses covers geographical wage differences. Twenty-hour duty is the most common form of around-the-clock nursing service in homes. The nurse is subject to call during the night and has four hours off for recreation during the day. Two twelve-hour nurses, or three eight-hour nurses, increase greatly the cost of nursing care to the patient.
Nurses' Association Demands
All Nurses Be Institutionally Trained

The elimination of the practical nurse, upon whom the majority of American families depend for home nursing, would be the result of proposed new state legislation—sponsored by the American Nurses' Association, an organization of registered nurses.

This proposed legislation would require institutional training of all who nurse for hire.

Sponsors of this proposed legislation claim institutional training of practical nurses is needed to improve the standard of nursing for the protection of the public.

The purpose of this survey is to present the facts which show that the lives and health of millions of people would be endangered by this legislation.

Nursing Costs Would Be Raised, The Majority of Homes Would Be Deprived of all Paid Nursing Care

From an idealistic viewpoint, no one would deny the advantages in a program of one year, two years, or even five years of hospital training for all who nurse for hire. As a practical matter, however, to require one year of institutional training as an arbitrary minimum for all who serve the sick in any nursing capacity constitutes a serious danger to the health and welfare of the American people.

The principal reason against requiring institutional training of practical nurses is that the costs of home nursing would be raised beyond reach of the average family.

It works this way. The amount of money and time a person must invest to obtain training as a nurse will be reflected proportionately in the wages charged for her services.

The average American family, as everyone realizes, simply cannot afford to engage a registered nurse for home duty and will consider doing so only in the gravest emergency. The higher fees that institutionally trained and licensed practical nurses would be justified in charging likewise would be beyond the reach of the average family's budget. Thus, the average home would have to get along without paid nursing service. (Note: Home nursing costs are borne by one patient; hospital nursing costs usually are shared by many patients.)

The cost of home nursing service is the crux of this problem. Pay received by registered nurses ranges from a minimum of $70 to $108.50 a week. Few families can pay so much.

If institutional training and licensing should be required of practical
nurses, it seems apparent that they would have to demand a minimum wage of from $50 to $80 a week, depending on geographical location. An association of licensed practical nurses in New York has decreed that their rates shall be 75% of registered nurses’ fees, or more than $80 per week. Such rates for practical nursing on long-term cases are definitely out of reach for most American families.

The proposed new state legislation would eliminate the practical nurse as we know her today, would increase the cost of nursing and actually deprive a majority of American homes of all paid nursing service.

**Nurse Supply Would Be Critically Reduced**

In addition to raising the costs of home nursing care beyond reach of the average American home, a law allowing only institutionally trained persons to nurse for hire would critically reduce the nurse supply. Qualified, mature women of home and family experience, who now take up the vocation of practical nursing and do most of the paid nursing in homes, are rarely in a position to attend school for a year. Younger girls usually are not attracted to schools offering a year of training in practical nursing. If they have a high school education they are eligible for registered nurse training. And younger girls without high school have many occupational fields open to them which require less in the way of home and family experience than practical nursing. Further, girls and young women are not often attracted to the confining environment and long hours of home nursing. So the recruitment of students in one-year hospital courses has been small compared to the need. Several such schools have closed after a brief experience. Thus it can readily be seen that a law which would require a year of institutional training of all who nurse for hire would critically reduce the supply of nurses.

**Two-Thirds of the Nation Served by Practical Nurses**

In the “Medical Care Budget” prepared by the Bureau of Labor Statistics in 1947, over 60 percent of the nursing care was expected to be given by practical nurses.

The complete budget, including the medical care budget, was designed to represent the estimated dollar cost required to maintain a family of four at a modest but adequate standard of living.

Estimated total cost of goods and services included in the city worker’s family budget for four persons in June 1947 ranged from $3,004 to $3,458 in 34 cities.

Discussing the budget in Labor Review, February 1948, the bureau said: “It appears that about two out of every nine families with male heads were below the budget line in a typical large city in early 1946.”
Average annual earnings of 47 million full time employees in 1947 were only $2,595. This indicates that many families cannot afford even the practical nursing services provided in the budget, which accounted for close to two-thirds of the total nursing to be given.

The ability of a family or individual to pay for nursing service is limited by that family's or individual's income.

Registered nurses charge $70 to $108.50 a week. A second class of trained nurses, proposed to replace practical nurses, would be justified in charging a minimum wage of from $50 to $80 a week.

Such a minimum wage for home nursing care would be far above the ability of two-thirds of the American public to pay. Thus millions of people, now served in time of illness by the practical nurse, would be deprived of paid nursing care in the home.

**Farms and Rural Communities Particularly Need the Practical Nurse**

★ A trained nurse seeking a minimum wage and full-time work naturally selects the larger centers of population able to afford her services.

★ Farms and rural areas, with their relatively small populations, have few families able to pay a trained nurse's fees.

★ Therefore farms and rural communities must depend upon the practical nurse.

★ If the practical nurse were eliminated, as she would be under the new legislation now proposed, farms and many rural communities would be largely without any paid nursing service in the home.

**NOW, what is this Proposed Nurse Legislation?**

New nurse legislation, sponsored by the American Nurses' Association, is being proposed in some states. It seeks to restrict all paid nursing to those who meet certain institutional training requirements and are licensed by the state. Nurses so trained, obviously would not be practical nurses as we know them today, but would constitute a second class of trained nurses.

Usually these proposed laws contain the following provisions:

1. They would require all who would become "practical nurses" to complete a hospital training course of nine months or longer.

2. They seek to define the practice of nursing, and would make it illegal for any person to nurse for hire without a state license. Jail sentences, or fines, or both are provided as penalties.

3. Some of the proposed laws define the practical nurse as a *trained* nurse. This new and confusing definition may lead the reader to think that there will continue to be practical nurses. Instead, such proposed laws
The practical nurse is an essential aid to doctors in their efforts to care for the health and welfare of the community. Qualified by experience, she is available and ready to give at low cost, the type of nursing service needed in the majority of home nursing cases.

would usurp the familiar term, “practical nurse,” apply it to the proposed new class of trained nurses, and thus eliminate by law the very idea of practical nurses as we know them today.

4. A "waiver clause," usually included, would permit present-day practical nurses to secure a license without hospital training provided they had one to five years' experience and filed proper affidavits with a fee before a fixed date. Thereafter all who take up nursing for hire would first have to be institutionally trained and state licensed. Thus practical nurses would be eliminated as rapidly as the present group retire or leave the field. Perhaps 20% would not secure licenses and 5% to 10% of those licensed by waiver would drop out each year. (See experience in New York, page 16).

5. These proposed new nursing laws omit the common “saving clause” of existing legislation which is intended to assure the continuance of practical nursing service and which plainly states that unlicensed persons may nurse for hire provided they do not hold themselves out to be licensed.

The Practical Nurse and Her Contribution to the Welfare of the Community

In considering the proposed practical nurse legislation, it will be helpful to recall the three distinct sectors into which the nursing field falls.

In the first place, the greater part of nursing in the average home naturally is done by the wife and mother, by other members of the immediate family, or by relatives, neighbors and friends. This type may be described as amateur nursing, from the standpoint that no wages are paid for the service.

In the second place, comes the practical nurse, usually a mature woman who, through years of experience, has acquired special skill in the sick room, first through taking care of her own family and neighbors and then by working under the supervision of physicians on outside cases.

NINE
Practical nurses perform most of the total paid nursing in homes. Their wages generally range from $28 a week to the minimum fee charged by registered nurses, which is $70 a week.

The widespread need for practical nurses is shown by the fact that there are an estimated 300,000 practical nurses employed in the United States. Unless specific need existed for the services of practical nurses, such a large number would not classify themselves in this field. Supply follows demand.

Registered nurses constitute the third group. Their services are needed in all cases requiring highly technical nursing care, and in thousands of important institutional, supervisory, administrative and teaching positions. Their wages for home nursing range from $70 to $108.50 a week.

The basic considerations that make the practical nurse a vital necessity to most American families and communities are low cost, availability, and mature household experience. These important contributions of the practical nurse would be lost to the public by proposed legislation that would require that all who nurse for hire be institutionally trained.

Attempts to Discredit Work of Practical Nurses

In magazine articles and public addresses, advocates of mandatory hospital training of all who nurse for hire have attempted to discredit the work and services rendered by most of the 300,000 practical nurses in the United States. Citing a few reported instances of inefficiency by practical nurses, these spokesmen imply that practical nurses as a group are inefficient. Such scare-type publicity may appear strong at first glance. However, on second thought, the reader will realize that similar isolated cases of inefficiency could readily be sought out and cited from any vocation or profession.

The important fact is that in the United States 120,000 practical nurses are employed in hospitals and 180,000 are employed in private households and in other situations. In the simple fact that a total of 300,000 practical nurses are employed in the United States there is abundant evidence both of the need for the services of practical nurses and of general approval of the work of practical nurses.
The average family simply does not have the money to hire both a nurse and a housekeeper for a period of emergency. It is part of a registered nurse's professional duty to cook for her patient, but she expects to have her own meals prepared for her. Practical nurses often cook for the family and perform other household duties, in addition to taking care of a patient.

Qualifications of the Practical Nurse

A report on 12,895 practical nurses in New York State in 1942 revealed that 61% were over 40 years of age—70% were married or had been married.

Practical nurses mainly are mature women with experience in the care of their own families, in housework, and in cooking. Most practical nurses, the New York report revealed, had no formal training in nursing, but had acquired their technical skill “on the job” by instruction from doctors.

Other qualifications of the practical nurse may be said to be a desire to serve, mature judgment, and an understanding sympathy and tolerance toward those who are ill. Practical nurses also are accustomed to adjusting themselves to different home environments and to using the equipment available for nursing in the home.

The 1942 New York inventory showed that 6,325 (about 50%) of reporting practical nurses were available for part time nursing duty. It is important that the public possess this reservoir of part time nurses, both for ready availability and to serve during the peak months of illness.

In employing any practical nurse, both the doctor and patient appraise her individual qualifications for the particular case. Naturally a practical nurse cannot establish a favorable reputation and receive calls to duty unless she gives satisfactory service to both patients and doctors.

Following are authoritative comments regarding the place and value of the practical nurse:

An editorial in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Volume 72, page 276, states: “A nurse of the highly trained type is not necessary in the vast majority of cases of illness.”

Edward L. Bernays, writing in the AMERICAN JOURNAL OF NURSING...
ING, Vol. 46, No. 9, pages 590 and 591, says that doctors, nurses, writers, government officials, hospital administrators, servicemen, community leaders, teachers, businessmen and social scientists believe that: "More and more practical nurses should be employed to ease the critical nursing shortage, and to free professional nurses for work demanding more skill."

Mr. Bernays reports further that, "social scientists and doctors also recommend that the nursing profession be divided into these three categories:

a. Executive and professional nurses with three or more years of training, some of which is in college.

b. Nurses aides with eighteen months to two years of training.

c. Practical nurses."

Joseph W. Mountain, M.D., United States Public Health Service, said, regarding household management and nursing given by the practical nurse: "To my mind, this is the combination most needed in home care and it is the usual concept of services which have been rendered so effectively by the practical nurse."

**Why a Proposed Second Group of Trained Nurses Cannot Replace Practical Nurses**

The essential needs of the majority of the public for low cost nursing service, including housework, are met only by the practical nurse. They never can be met by a trained nurse whose first desire is full-time work and a wage commensurate with her training.

Legislation now being sponsored by the American Nurses’ Association would eliminate the practical nurse and seek to substitute a secondary trained nurse.

It is assumed that the proposed second class of trained nurses would
work for wages lower than the $70 to $108.50 a week charged by registered nurses, because their period of training would be shorter. It follows that the new institutionally trained nurses would demand wages higher than the present-day practical nurses. Actually, the new classification of trained nurses doubtless would ask a minimum wage of from $50 to $80 a week for 20-hour duty.

Practical nursing service is available today at $28 to $70 a week. Thus, the practical nurse fills the wide gap existing between amateur nursing, done without charge, and high-cost registered nursing.

A law eliminating practical nurses, and substituting a new class of institutionally trained nurses, who would demand $50 to $80 a week minimum, would leave the majority of American homes, unable to pay these rates with no paid nursing service available to them.

In addition, such a law would tend to deprive persons living on farms and in rural communities inaccessible to hospitals of all paid nursing service. The new second class of trained nurses, proposed to replace practical nurses, would, of course, seek full-time work in cities rather than part-time work in rural districts. Yet, much practical nursing is done in the smaller towns and rural areas. Any law which would deprive so many homes of paid nursing service, plainly would work great harm to public health and welfare.

Another disadvantage is that the services of mature women, whose home and family experience makes them eligible for practical nursing, would not be utilized. These women naturally turn to practical nursing for their own livelihood and they supply the only service which meets the needs of the community for combined nursing and homemaking at low cost. The services of these mature experienced women can be used in practical nursing for the benefit of themselves, doctors and the public.

PRACTICAL NURSE AS DEFINED IN THE DICTIONARY OF OCCUPATIONAL TITLES

Nurse, Practical; nurse (medical ser.) 2-38.20. Performs any combination of the following housekeeping and nursing duties, applying knowledge acquired primarily through practical experience, as opposed to Nurse III who is required to have fulfilled prescribed educational qualifications; changes bed linens, bathes patients, and otherwise tends to their personal appearance and comfort; takes and records patients' pulse and temperature and performs other services as prescribed by Physician, such as administering medicines and giving injections; prepares meals for the members of families who are not ill and performs other housekeeping duties.

EXISTING LAWS PROTECT PUBLIC

Existing laws reserve for the registered nurse the use of these titles:
REGISTERED NURSE
TRAINED NURSE
GRADUATE NURSE

Existing laws contain "Saving Clause" which permits Practical Nurse to serve without restriction.

EXISTING LAWS IDENTIFY REGISTERED NURSES FOR PUBLIC AND ALSO GUARANTEE PUBLIC THE RIGHT TO USE PRACTICAL NURSES...
Present Laws Protect Public and Afford
Paid Nursing Service for All

Legislation exists in every state in the Union reserving to hospital trained
nurses one or more of the following titles: Registered Nurse, Trained
Nurse, Graduate Nurse, Certified Nurse, Professional Nurse, Licensed
Nurse. This legislation protects the public through definite identification
of the hospital trained nurse for the benefit of persons who desire tech­
ically skilled nursing service and are able to pay for it.

Most existing legislation contains a specific “saving clause” disclaiming
any intention to restrict any person’s right to give nursing care, with or
without compensation, provided he or she does not use any of the titles
reserved for the trained nurse. This “saving clause” is the outgrowth of
years of accumulated experience with nursing legislation. It recognizes
the needs of the majority of the public for paid nursing care in the home
within the means of income. Paid nursing service in the home within the
ability of the average American family to pay, is provided only by the
practical nurse. Any proposed nurse law which would eliminate the
practical nurse also would deprive the majority of homes of paid nursing
care.

Other States Have Defeated Proposed Laws
Which Would Eliminate the Practical Nurse

“... would make the practical nurse in Montana as
extinct as the dodo,” said the Governor, in vetoing the
proposed law.

All state nursing laws prior to 1938 exempted practical nurses from their
training and license provisions. Many of them contained a specific “saving
clause” exempting practical nurses. Then in 1938, New York State passed
a new law requiring a minimum of nine months’ institutional training or
its equivalent to become a nurse. Originally scheduled to become effec­
tive July 1, 1940, the practical nurse provisions of the New York law
were postponed six times and did not go into effect until April 1, 1949.

Missouri in 1921 passed a nursing law similar to the 1938 New York
Nursing Law. In 1923, the compulsory practical nurse training provision of the Missouri nursing law was repealed.

Legislation requiring institutional training for all nurses, which, in effect, would eliminate practical nurses, has been introduced in the following thirty-three states: ARKANSAS, ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, FLORIDA, GEORGIA, IDAHO, ILLINOIS, IOWA, KENTUCKY, LOUISIANA, MAINE, MASSACHUSETTS, MICHIGAN, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, TENNESSEE, TEXAS, UTAH, WASHINGTON AND WEST VIRGINIA. Seven of these states have passed laws providing for mandatory training of all who nurse for hire. Two of the seven states have repealed such laws. In all other states listed, except Montana, mandatory training for nurses was defeated either in committee or on the floor.

In Montana, mandatory training was vetoed by the Governor, with the statement that it would make the practical nurse in Montana as "extinct as the dodo."

The Governor also stated, in vetoing the bill: "Through all the years the practical nurse has rendered a necessary and important service to the people of Montana. There is a very definite place for her in our economic life and I cannot be a party to any plan that would eliminate her . . . . ."

New York State Board of Regents Asks REPEAL of Law Licensing Practical Nurses

The following news excerpts appeared in New York Newspapers of November 16, 1946:

"Albany, Nov. 15 (A.P.)—The Board of Regents called today for repeal of the state law requiring licensing of practical nurses. They said the law had 'almost wholly failed' to produce a sufficient number of practical nurses."

— New York Sun

"Albany, Nov. 15—The law requiring the licensing of practical nurses has been unsuccessful, according to a statement by the Board of Regents today. The board recommended to the Legislature that the provisions of Chapter 472 of the laws of 1938 amending the education law to provide for the licensing of practical nurses be repealed, declaring that 'the law has almost wholly failed to achieve its objects' and contains provisions which take effect next year, prohibiting unlicensed persons from engaging in nursing.

'This latter prohibition seems to be clearly against the public interest,' the board stated."

— New York Times
The tending of well children is a task often assumed by the practical nurse along with cooking and other necessary household duties. The majority of American families appreciate and need the advantages which only the practical nurse provides—availability in both rural and urban areas, mature household experience, and low cost.

**Permissive Licensing of Practical Nurses**

Many states now have laws providing voluntary or permissive licensing of practical nurses. In all but one of these states, a license is granted to practice as a licensed practical nurse or trained attendant only after completion of a year of institutional training, and examination.

Permissive licensing laws which deny a license except to persons institutionally trained greatly limit the number of practical nurses who may be licensed. Most older practical nurses are prevented from going to school by lack of money, or by family responsibilities. Younger women with high school education are not often attracted to practical nursing because they can qualify for registered professional nurse training. Also, younger women without high school have a wide choice of careers other than practical nursing open to them. Thus, states with permissive licensing of practical nurses requiring a year of institutional training, do not succeed in attracting important numbers of women to become licensed practical nurses.

**A Permissive Law Which Would INCREASE the Numbers and Qualifications of Practical Nurses**

The need for practical nurses in larger numbers is real and compelling. The public and doctors have long felt this need in home nursing cases. In recent years, more and more hospitals have come to recognize and seek the services of practical nurses.

As the experience of many states over many years has proved, neither compulsory nor permissive licensing, based on required institutional training, is successful in supplying practical nurses in sufficient quantity. A logical approach, and a workable solution from the standpoint of patients’ needs, is to utilize the natural competence of older, experienced women who are available in every community for practical nursing.
Latest estimates indicate 300,000 practical nurses in the United States. Practical nurses usually are women of middle age. They serve in small towns and rural communities as well as in urban areas. Their work commonly includes housekeeping duties as well as service in the sick room. The accumulated experience of the mature years of the average practical nurse is a distinct asset.

This natural competence and availability has, since history began, afforded the only paid home nursing possible or within the means of the average individual or family.

How plain to see, then, that the right course is not to eliminate practical nurses by law, but to encourage practical nurses to continue their essential work and aid them in improving their skill and knowledge of nursing.

How can these older, experienced women be encouraged and aided? Available to them in some of the larger cities are practical nursing schools. In large and small cities, hospitals employ practical nurses and instruct them in their duties. The Red Cross offers courses in home nursing and first aid. Accessible to any practical nurse reached by the United States mails are books and home study courses in practical nursing. Doctors continually instruct and supervise practical nurses.

Practical nurses themselves now find the means, among these many avenues of instruction and practice, for improving their skill and knowledge. They are likely to do so in vastly increased numbers if the recognition and incentive of a state license based on experience and examination is offered them.

A study of existing nursing laws in the 48 states and of dozens of proposed laws introduced in various states during the past decade, suggests a well-developed pattern which might be followed. States desiring to provide permissive licensing of practical nurses based on experience and examination, may require that the applicant:

1. Be 20 years of age or over;
2. Be a citizen of the United States or shall have legally declared her intention to become a citizen;
3. Shall have completed the eighth grade or its equivalent;
4. Be in good physical and mental health;
5. Be of good moral character;
6. Shall have had two or more years of employment in practical nurs-

EIGHTEEN
ing attested by letters from at least two licensed physicians; or, in lieu of such experience, shall have completed a course of study in nursing conducted by a state-approved school;

7. Pass a suitable examination, including oral and written tests and practical demonstrations, conducted by a qualified state board of examiners.

To assure a full and constant supply of new recruits to practical nursing, it would be necessary to retain in such a law a "saving clause" typical of most present nurse legislation. Such a clause usually reads: "THIS ACT SHALL NOT BE CONSTRUED AS PROHIBITING THE NURSING CARE OF THE SICK, WITH OR WITHOUT COMPENSATION, BY ANY UNLICENSED PERSON WHO DOES NOT HOLD HERSELF OR HIMSELF OUT TO BE A LICENSED PRACTICAL NURSE, TRAINED NURSE, GRADUATE NURSE OR REGISTERED NURSE."

A state law with the above requirements would act to INCREASE both the numbers and qualifications of practical nurses.

First, the natural competence and availability of older, experienced women would continue to be utilized. This is the only group that can provide low cost home nursing in every community.

Second, more women would be attracted to practical nursing because of the official recognition of this vocation, and the dignity conferred by a state license.

Third, practical nurses in large numbers would be impelled to increase their knowledge and skill in order to qualify for a state license. Public opinion would favor the licensed practical nurse over the unlicensed practical nurse.

Fourth, by the examination and licensing of practical nurses, doctors, institutions and the public would be aided in the selection and employment of practical nurses. Practical nursing standards which are both effective and workable would thus be set up.

Finally, in any state desiring to regulate practical nursing, a law such as outlined above would provide for and assure that practical nurses will be available, at a cost within the ability to pay of the majority of American people.
Amateur nursing includes:

Care of the sickroom (heating, ventilating and cleaning).

Care of the bed.

General care of the patient: Cleansing bath, care of hair, mouth, teeth and nails, changing patient's clothes, preparation for the night, use of bed pan and urinal.

Regulating visits from friends.

Supervising patient's rest and sleep.

Preparing and serving patient's meals.

Administering medicines prescribed by the doctor.

Washing and airing clothing worn by the patient and used in the sickroom.

Application of simple remedies: Nasal and throat sprays, hot water bag, ice-cap, foot baths, bandages, dry heat, hot and cold compresses, poultices, inhalations of steam, applying lotions, liniments and ointments.

Prevention and care of bedsores.

Giving aid in emergencies until doctor arrives, in such cases as burns, scalds, sprains, bruises, cuts, earache, toothache, fainting, hysteria, prostration, bites and stings of insects, wounds, sunstroke, drowning, convulsions, shock.

Care of the aged.

Care of children.

Care of the mother, during the lying-in period.

Care of the infant.

Chronic ailments.

Convalescents.

Cooking.

Housework.

Amateur nurses, when practical nurses or registered nurses are not available, perform, under doctors' directions, some of the tasks listed under practical nursing and registered nursing.

Legislators, physicians, nurses, ministers, women's organizations, and others are urged to take IMMEDIATE ACTION to help defeat proposed state laws which would eliminate the practical nurse!
Practical Nursing
(WAGES $28 TO $70 WEEKLY)

Practical nurses perform most of the total paid nursing in homes.

In addition to all duties listed under amateur nursing, practical nursing includes:
- Taking temperature, counting pulse and respiration.
- Keeping a daily record for the doctor.
- Observation of general symptoms.
- Giving enemas.
- Douches.
- Nursing mild mental cases.
- Assisting in minor surgical operations as emergencies in the home.
- Sterilizing and disinfecting sickroom utensils, patient's clothing, body discharges, as in communicable diseases.
- Remedial baths, local packs, rubs, as prescribed by the doctor.
- Assisting the doctor in reducing fractures and dislocations.
- Helping the expectant mother prepare for labor.
- Assisting doctor at time of delivery.
- Convalescent care of surgical patients.
- Preparing patient and assisting doctor in the following procedures: Blood-pressure examination, examinations of chest, heart, throat, etc.; bladder irrigation, catheterization, lavage and gavage.
- Practical nurses, when registered nurses are not available, perform, under doctors' directions, some of the tasks listed under registered nursing.

Registered Nursing
(WAGES $70 TO $108.50 WEEKLY)

Registered nurses are desirable in all cases requiring highly technical skill and are required in thousands of important institutional, supervisory, administrative, and teaching positions.

In addition to duties listed under amateur and practical nursing, except housework and cooking, registered nursing includes:
- Institutional routines requiring greater responsibility.
- Public Health nursing, Public School nursing.
- Industrial nursing.
- Teaching in hospital schools.
- Administrative posts in hospitals.
- Skilled observation of symptoms.
- Assisting with surgery and obstetrics.
- Preoperative care of surgical patients.
- Postoperative care of surgical patients.
- Nursing care of acute psychosis.
- Nursing care of patient in "iron lung."
- Isolation technique.
- Oxygen therapy.
- Assists doctor in blood transfusions, aspiration, electrical treatments, intravenous injection, hypodermoclysis.
- Performs advanced procedures such as gavage, lavage, hypodermic injections, enteroclysis, hydrotherapy, catheterization, taking blood pressure, and others.
- Sometimes X-ray, anesthesia.
<table>
<thead>
<tr>
<th>State</th>
<th>Registered Nurse License Training Requirements</th>
<th>Titles Protected for Registered Nurse</th>
<th>Practical Nurse Titles and License Provisions</th>
<th>Mandatory Training of Practical Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>4 yrs. high school; 36 mos. in accredited school of nursing</td>
<td>Registered Nurse</td>
<td>Licensed Practical Nurse—8 yrs. schooling; accredited course</td>
<td>No</td>
</tr>
<tr>
<td>Arizona</td>
<td>Preliminary education determined by board; 3 yrs. training period in accredited school of nursing</td>
<td>Registered Nurse</td>
<td>Registered Nurse</td>
<td>No</td>
</tr>
<tr>
<td>Arkansas</td>
<td>8 yrs. grammar school; 2 yrs. training in school of nursing</td>
<td>Registered Nurse</td>
<td>Practical Nurse—8 yrs. schooling; completed course accredited by Board of Nurse Examiners</td>
<td>Yes Nov 1948</td>
</tr>
<tr>
<td>California</td>
<td>High school; 3 yrs. training in school of nursing</td>
<td>Registered; Graduate; Trained Nurse</td>
<td>Registered; Trained; Graduate; Licensed Nurse</td>
<td>No</td>
</tr>
<tr>
<td>Colorado</td>
<td>High school; 3 yrs. training in school for nurses</td>
<td>Registered; Trained; Graduate; Certified Nurse</td>
<td>Registered; Trained; Graduate; Certified Nurse</td>
<td>No</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Graduate of school of nursing giving 28 mos. course</td>
<td>Registered; Trained; Graduate; Certified Nurse</td>
<td>Trained Attendant—12 mos. course or its equivalent</td>
<td>No</td>
</tr>
<tr>
<td>Delaware</td>
<td>1 yr. high school; 2 yrs. training in school for nurses</td>
<td>Trained; Professional; Graduate; Registered Nurse</td>
<td>Undergraduate—12 mos. hospital training</td>
<td>No</td>
</tr>
<tr>
<td>Florida</td>
<td>Ruled on by State Board of Registration</td>
<td>Registered; Trained Nurse</td>
<td>Licensed Attendant—Accredited Course</td>
<td>No</td>
</tr>
<tr>
<td>Georgia</td>
<td>Graduate of a training school for nurses</td>
<td>Registered Nurse</td>
<td>Undergraduate—12 mos. hospital training</td>
<td>No</td>
</tr>
<tr>
<td>Idaho</td>
<td>Graduate of training school giving 3 yr. course</td>
<td>Registered; Licensed; Trained; Certified; Graduate Nurse</td>
<td>Practical Nurse—2 yrs. high school; course accredited by Board of Examiners</td>
<td>Yes Sept. 1947</td>
</tr>
<tr>
<td>Illinois</td>
<td>High school; 3 yr. course in nurses training</td>
<td>Registered; Trained; Graduate Nurse</td>
<td>Registered; Trained; Graduate Nurse</td>
<td>No</td>
</tr>
<tr>
<td>Indiana</td>
<td>Common school education; 3 yrs. hospital training</td>
<td>Registered; Graduate Nurse</td>
<td>Registered; Graduate Nurse</td>
<td>No</td>
</tr>
<tr>
<td>Iowa</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered; Graduate Nurse</td>
<td>Registered; Graduate Nurse</td>
<td>No</td>
</tr>
<tr>
<td>Kansas</td>
<td>4 yrs. high school; graduate of hospital training school</td>
<td>Registered Nurse</td>
<td>Licensed Practical Nurse—2 year high school; 12 months accredited course</td>
<td>No</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1 yr. high school; graduate accredited school of nursing</td>
<td>Registered Nurse</td>
<td>Licensed Practical Nurse—2 years high school; accredited course</td>
<td>No</td>
</tr>
<tr>
<td>Louisiana</td>
<td>4 yrs. high school; graduate of accredited school of nursing</td>
<td>Registered Nurse</td>
<td>Licensed Practical Nurse—1 year high school; approved course</td>
<td>No</td>
</tr>
<tr>
<td>Maine</td>
<td>3 yrs. high school; 2 yrs. training in school for nurses</td>
<td>Registered Nurse</td>
<td>Licensed Practical Nurse—8 yrs. grammar school; 12 mos. training in a hospital</td>
<td>Yes Jan 1, 1949</td>
</tr>
<tr>
<td>Maryland</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Trained Attendant—1 yr. high school; 9 months' training in approved school</td>
<td>No</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>4 yrs. high school; 3 yrs. training in school of nursing</td>
<td>Registered Nurse</td>
<td>Licensed Practical Nurse—9 months' training as approved by Board of Examiners</td>
<td>No</td>
</tr>
<tr>
<td>Michigan</td>
<td>High school; 2 yrs. training in school of nursing</td>
<td>Registered; Certified Nurse</td>
<td>Licensed Practical Nurse—9 months' training as approved by Board of Examiners</td>
<td>No</td>
</tr>
<tr>
<td>Minnesota</td>
<td>2 yrs. high school; 3 yrs. training in school for nurses</td>
<td>Registered Nurse</td>
<td>Licensed Practical Nurse—8 yrs. grammar school; 9 mos. in school for trained attendants</td>
<td>No</td>
</tr>
<tr>
<td>State</td>
<td>Requirement</td>
<td>Registered; Graduate Nurse</td>
<td>Certificate; Graduate Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Missouri</td>
<td>High school; 3 yrs. training in school for nurses</td>
<td>Registered; Graduate Nurse</td>
<td>Certificate; Graduate Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Montana</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Nebraska</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Nevada</td>
<td>High school; 36 mos. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>New Jersey</td>
<td>High school; 3 yrs. training in school for nurses</td>
<td>Registered; Graduate Nurse</td>
<td>Certificate; Graduate Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>New Mexico</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>New York</td>
<td>High school or equivalent; graduate of approved school of nursing</td>
<td>Registered Professional Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>North Carolina</td>
<td>High school; 3 yrs. school of nursing</td>
<td>Registered; Trained; Graduate; Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>North Dakota</td>
<td>High school; approved school of nursing</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Ohio</td>
<td>High school; approved school of nursing</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>4 yrs. high school; 36 months hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Oregon</td>
<td>3 yrs. nurses' training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>High school; 2 yrs. in school of nursing</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>South Carolina</td>
<td>High school; 3 yrs. hospital course in nursing</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>South Dakota</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Tennessee</td>
<td>4 yrs. high school; 2 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Texas</td>
<td>3 yrs. training in school for nurses</td>
<td>Registered; Graduate; Certified Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Utah</td>
<td>High school; 3 yrs. training in school for nurses</td>
<td>Registered; Graduate; Trained Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Vermont</td>
<td>High school; 3 yrs. training school for nurses</td>
<td>Registered; Graduate Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Virginia</td>
<td>2 yrs. training in school for nurses</td>
<td>Registered; Graduate Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Washington</td>
<td>High school; 2 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>West Virginia</td>
<td>4 yrs. high school; 3 yrs. hospital training</td>
<td>Registered Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>High school; 3 yrs. nursing training</td>
<td>Registered; Certified Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Wyoming</td>
<td>High school; 3 yrs. hospital training</td>
<td>Registered; Trained; Graduate Nurse</td>
<td>Certificate; Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
</tbody>
</table>

*Originally scheduled to become effective July 1, 1940 the practical nurse provisions of the New York law were postponed six times and did not go into effect until April 1, 1949. Since the 1938 New York nursing law was passed 26 other states have denied compulsory licensing.
TO SUMMARIZE:

*Mandatory Institutional Training of Practical Nurses Should Be Defeated*

In view of the facts presented in this booklet, it seems plain that the following conclusions are warranted:

1. To require institutional training of all who nurse for hire would eliminate practical nurses, the mature, experienced women who alone are available for home nursing and housework at a cost the average person can pay.

2. With practical nurses eliminated, costs for home nursing inevitably would rise. The training requirements for proposed secondary trained nurses, their inexperience with home problems, and the unwillingness of trained nurses to serve 20-hour duty, would raise home nursing costs far above the ability of the average family or person to pay.

3. With practical nurses eliminated, the nurse supply would be dangerously reduced. Practical nursing schools requiring institutional training are not successful in supplying either the type or the numbers of nurses needed by home patients. Older women, who comprise the large majority of practical nurses, are prevented from going to school by lack of money and family responsibilities. Younger women are not usually attracted to practical nursing, preferring registered nursing or other vocations.

4. The practical nurse is a necessity in chronic and other cases of illness in the home which call for both nursing and housework at low cost. The need for this service will always remain. Until trained nurses in sufficient numbers are ready and willing to meet this need, the very lives, health and welfare of millions of people require that the practical nurse continue to serve.

5. In any state desiring to regulate practical nursing, a license by examination should always be open to experienced practical nurses on a permissive basis. Such a provision would attract more women to practical nursing, and induce them to improve their knowledge and skill. Thus both the NUMBERS and QUALIFICATIONS of practical nurses would be INCREASED.

6. The practical nurse today brings three great benefits to the average American home: Availability, mature experience in nursing and homemaking, low cost. Existing laws in 43 states assure the public these advantages of practical nursing. Proposed new laws which would eliminate practical nurses, raise nursing costs, and reduce the nurse supply, thus depriving the majority of American homes of all paid nursing service, should be *watched for and defeated.*
TO THE HONORABLE MEMBERS OF THE GENERAL ASSEMBLY:

The "Chicago School of Nursing" recently sent to each of you a pamphlet entitled "Should the Practical Nurse be Eliminated" and requested you to defeat Senate Bill 132. We feel that you should know the so-called "Chicago School of Nursing" is not a school, but a very lucrative business which charges exorbitant fees for their unsuccessful efforts to do an impossible thing; teach nursing by mail. This so-called school of nursing makes no mention of the fact that those persons who complete its correspondence course are unable to obtain licensure as a practical nurse by the usual methods in any state in the United States. Local newspapers in Rhode Island have refused to publish the advertisements from this so-called nursing school after they were informed by local citizens who enrolled in the correspondence course that their purported training of nursing by mail was a waste of time and money.

The "Chicago School of Nursing" has always distributed similar literature and propaganda in all states where legislation was introduced to protect the public from incompetent and inadequate nursing care. The entire content of the pamphlet distributed by the Chicago School is designed to mislead you so that their selfish interests may be protected. The definition of the practical nurse contained on page 13 of the pamphlet is one that was discarded by practical nurse organizations over fourteen years ago in favor of the definition that is contained in S. 132. This omission is purposeful because the Chicago organization is unable to prepare practical nurses as we know and need them today.
To The Honorable Members of the General Assembly -- 2 -- March 20, 1952

We request you to notice the bold type print used on page 16 of the pamphlet which reads "New York State Board of Regents Asks Repeal of the Law Licensing Practical Nurses". You will note that these so-called excerpts from New York newspapers are dated over six years ago. How does the Chicago school explain, that despite these misleading newspaper excerpts, that the New York law which requires all who nurse for hire to be licensed was strengthened rather than repealed and that the strengthening of the law along lines similar to S.132 was done with the approval of the New York State Board of Regents?

The Chicago pamphlet is designed to mislead you that the practical nurse would be eliminated by S.132. Nothing could be further from the truth. S.132 would eliminate the type of person that the Chicago school attempts to train by mail because we can assure you that no form of nursing can be learned from correspondence courses such as those operated by the Chicago school.

The practical nurse that we need today is the person who is a graduate of the type of training program which was recently started in Rhode Island under the sponsorship of the State Department of Education in cooperation with local hospitals. This program is tuition free and after the enrollees enter the hospitals for supervised experience in the nursing care of patients, the students are paid $75.00 per month. Dr. Michael Walsh, the State Commissioner of Education, at the public hearing on S.132 stated that applications for entrance to this state sponsored school for training practical nurses had tripled since the announcement in the newspapers that S.132 had been introduced. This is just what we, as graduate nurses, expected would happen as a result of S.132 and is exactly the opposite result which is predicted in the Chicago pamphlet. S.132 will ensure an increasingly greater supply of skilled nursing personnel to administer and care for you and your loved ones.
To The Honorable Members of the General Assembly - 3 -

March 20, 1952

In conclusion we respectfully refer you to the exceptions contained in S.132 on page 33, Section 16 which includes, among other exceptions, the following:

"No provisions of this chapter shall be construed as prohibiting the nursing care of the sick by domestic servants, housekeepers, nursemaids, companions or household aides of any type.....". This exception, among others, was inserted in S. 132 in order to insure the care of patients who do not require the skills and services of licensed nurses.

We could continue to write at length concerning the inaccuracies, half truths, and distorted facts contained in the Chicago pamphlet entitled "Shall the Practical Nurse be Eliminated". We shall, however, refrain from doing so for we are conscious that you, as our legislators, are concerned as we are in protecting the public from being subjected to incompetent nursing care. Our organization has sponsored S.132 after detailed preparation and study and this message is sent to you in the interests of accuracy and truth.

PROTECT YOURSELF AND YOUR LOVED ONES. CONSERVE THE HEALTH OF YOUR CONSTITUENTS AND THE PUBLIC OF RHODE ISLAND BY ENACTING S. 132 INTO LAW.

Respectfully yours,

Rhode Island State Nurses' Association

By

Grace V. Kraft, R.N.
President
March 26, 1952

To the Honorable Members of the General Assembly:

The trained practical nurse is a vital necessity in our community. We believe that the best interests of you and your constituents will be served by your support of S.132 entitled "Regulation of Nursing."

This bill will protect the public from being subjected to incompetent and unqualified nursing care. Attached hereto is an article entitled "Beware of Bedside Bunglers" which is reprinted from the 1950 November issue of Redbook Magazine. This article vividly illustrates shocking examples of unqualified nursing care to which the public is currently exposed. Make Rhode Island a safe state in which to live; Preserve the health of Rhode Island residents by supporting S. 132.

Yours for better health,

Practical Nurse Association of Rhode Island, Inc.

By Madeline Kalin, L.P.N.
Chairman, Committee on Legislation
Beware of Bedside Bunglers!

The shadow of the untrained practical nurse falls across the threshold of every American home. When you let a stranger-in-white enter your house, make certain she's not an impostor.

BY JACK H. POLLACK

The young family with a new baby or an illness in the house is usually so overcome with a sense of good fortune in finding a woman who will help in the emergency that they swear unquestioning faith in her. Without checking qualifications, character and references of their "nurse," a young father or mother assumes that a starched uniform and cap are sufficient signs of virtue.

Part of the trouble stems from the fact that we are conditioned to uniforms: we assume that a man in a policeman's uniform is a policeman, that a soldier's uniform is worn by a soldier, that a nurse's uniform is necessarily worn by a trained nurse. The latter assumption is, of course, ridiculous.

There are three levels of nursing and training:
1. Registered nurses—who have the equivalent of a college education in nursing.
2. Trained practical nurses—who have from nine to fourteen months of training in elementary nursing and home economics. These women are the graduates of approved schools.
3. Pseudo "practical" (Continued...)

The Practical Nurse You Bring Into Your Home Should Have:

1. Training at an approved school of practical nursing. To obtain a list of these schools, write to the Editorial Information Bureau, REDBOOK, 230 Park Avenue, New York 17, N. Y.
2. Good personal health.
3. Good moral character and references.
4. High standards of nursing competence.
5. A currently-dated license, if you live in one of the progressive States which issue licenses.
nurses"—who claim the title but have few qualifications and slight training.

Fortunately about 40,000 well-trained practical nurses are now available to help staff approved schools. These schools turned out more than 2,500 graduates last year—but the number is not sufficient to meet the demand. The public has a right to expect and is entitled to expect that every hospital needing nurses will be able to hire needed by nearly everybody sometime. But few people know the difference between a trained practical nurse and an unaccredited, unqualified woman. The chief qualification of such a nurse is her uniform. Thousands of families—particularly young families with newborn babies—pay out fancy fees for dabbles who haven't been given a chance at a year's training. The bottom is the man with a license, a patient who has paid a fee, and the training that is possible, therefore, for a person who has not bothered to get a license, or who has not been properly trained. Others point out that the help they need around the house during a convalescence does not require any special skill, or complain that "I couldn't get a registered or highly-trained nurse who'd help with the dishes or take out the garbage after a meal—they're too expensive!"

Some registered nurses, afraid of additional competition for jobs, have been unreceptive to mandatory licensing. The stand of Nurses Association—that mandatory licensing of practical nurses is sensible and desirable—is changing the opinions of individual nurses. Some hospital administrators, harassed by rising costs and tight budgets, are unmoved by the campaign for compulsory licentiation of nurses. They fear wage increases for those getting on-the-job training in hospitals. But:

"The public will be safeguarded only when every State passes a law making licensing of practical nurses compulsory, not permissive," an American Medical Association publicist has said. "Such laws are overdue."

Some cities have taken progressive steps. Detroit has modernized its old laws requiring every nurse for hire to obtain an annual permit from the health department. The department can deny permits to unqualified persons, and require refresher courses. Sparked by Executive-Secretary Hilda M. Torro, who is a licensed nurse, the National Association of Practical Nurses is working hard for better training for practical nurses. So far, ninety-three training centers in twenty States have had their qualifications reviewed by the association or a State examining board. Many of the schools charge no tuition, provide full maintenance and a small monthly allowance to girls who are students. Approved schools are of three types:

1. The great majority are approved for licensed practical nurses as a whole. The New York City Hospital for Joint Diseases, and the Catholic Glennker-Penrose Hospital in Colorado Springs are in this category. They give a four-month course in home nursing and economics, followed by eight months of closely supervised practice in a hospital.

2. More than half the approved schools are approved private schools. The New York City Hospital for Joint Diseases and the Catholic Glennker-Penrose Hospital in Colorado Springs are in this category. They give a four-month course in home nursing and economics, followed by eight months of closely supervised practice in a hospital.

3. The great majority are approved for licensed practical nurses as a whole. The New York City Hospital for Joint Diseases, and the Catholic Glennker-Penrose Hospital in Colorado Springs are in this category. They give a four-month course in home nursing and economics, followed by eight months of closely supervised practice in a hospital.