



Virginia  
Regulatory  
Town Hall

## Final Regulation Agency Background Document

<b>Agency Name:</b>	Board of Nursing, Department of Health Professions
<b>VAC Chapter Number:</b>	18 VAC 90-20-10 et seq.
<b>Regulation Title:</b>	Regulations Governing the Practice of Nursing
<b>Action Title:</b>	Periodic Review
<b>Date:</b>	April 8, 2004

Please refer to the Administrative Process Act (§ 9-6.14:9.1 *et seq.* of the *Code of Virginia*), Executive Order Twenty-Five (98), Executive Order Fifty-Eight (99), and the *Virginia Register Form, Style and Procedure Manual* for more information and other materials required to be submitted in the final regulatory action package.

### Summary

*Please provide a brief summary of the new regulation, amendments to an existing regulation, or the regulation being repealed. There is no need to state each provision or amendment; instead give a summary of the regulatory action. If applicable, generally describe the existing regulation. Do not restate the regulation or the purpose and intent of the regulation in the summary. Rather, alert the reader to all substantive matters or changes contained in the proposed new regulation, amendments to an existing regulation, or the regulation being repealed. Please briefly and generally summarize any substantive changes made since the proposed action was published.*

Amendments to existing regulations are adopted pursuant to recommendations from a periodic review to clarify and update certain provisions affecting nursing education program, the practice of nursing, and medication administration programs. Current regulations for nurse aides and nurse aide education programs found within 18 VAC 90-20-10 et seq. are being repealed and being re-promulgated in a new set of regulations 18 VAC 90-25-10 et seq., Regulations Governing Certified Nurse Aides. Through its regulatory review, the Board determined that a separate set of regulations for nurse aides would be clearer and less cumbersome, especially for nurse aide education programs that have specific criteria for establishing and maintaining an approved program.

### Changes Made Since the Proposed Stage

*Please detail any changes, other than strictly editorial changes, made to the text of the proposed regulation since its publication. Please provide citations of the sections of the proposed regulation that have been altered since the proposed stage and a statement of the purpose of each change.*

Final action on proposed changes to requirements for faculty and program directors in section 90 has been suspended pending further consideration by the board.

In section 300 on disciplinary provisions, there are references to a “client” and to a “patient.” The amendments are editorial to include both terms where appropriate. In addition, in the criteria for a finding of unprofessional conduct, the Board included violating “state and federal” law related to patient privacy. After further consideration, it was concluded that state law provided sufficient protection to patients and that the Board should not be engaged in enforcement of the federal law on patient privacy (HIPAA) against individual nurses.

### Statement of Final Agency Action

*Please provide a statement of the final action taken by the agency: including the date the action was taken, the name of the agency taking the action, and the title of the regulation.*

On March 23, 2004, the Board of Nursing adopted final regulations for 18 VAC 90-20-10 et seq., Regulations Governing the Practice of Nursing. However, action on section 90 has been suspended and excluded from this submission in order to provide further consideration of the public comment.

### Basis

*Please identify the state and/or federal source of legal authority to promulgate the regulation. The discussion of this statutory authority should: 1) describe its scope and the extent to which it is mandatory or discretionary; and 2) include a brief statement relating the content of the statutory authority to the specific regulation. In addition, where applicable, please describe the extent to which proposed changes exceed federal minimum requirements. Full citations of legal authority and, if available, web site addresses for locating the text of the cited authority, shall be provided. If the final text differs from that of the proposed, please state that the Office of the Attorney General has certified that the agency has the statutory authority to promulgate the final regulation and that it comports with applicable state and/or federal law*

18 VAC 90-20-10 et seq. Regulations Governing the Practice of Nursing was promulgated under the general authority of Title 54.1 of the Code of Virginia.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations, levy fees, administer a licensure and renewal program, and discipline regulated professionals.

*§ 54.1-2400. General powers and duties of health regulatory boards.--The general powers and duties of health regulatory boards shall be:*

- 1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*

4. *To establish schedules for renewals of registration, certification and licensure.*
5. *To levy and collect fees for application processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
6. *To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 and Chapter 25 of this title.*

Statutes governing the practice of nursing are found in Chapter 30 of Title 54.1 of the Code of Virginia: <http://leg1.state.va.us/000/lst/h3406636.HTM>

The Office of the Attorney General has certified that the agency has the statutory authority to promulgate the proposed regulation and that it comports with applicable state and/or federal law.

## Purpose

*Please provide a statement explaining the need for the new or amended regulation. This statement must include the rationale or justification of the final regulatory action and detail the specific reasons it is essential to protect the health, safety or welfare of citizens. A statement of a general nature is not acceptable, particular rationales must be explicitly discussed. Please include a discussion of the goals of the proposal and the problems the proposal is intended to solve.*

Through a review of its regulations, the Board has determined that clarifications were necessary or, in some cases, the rule needed to be made more specific to address an identified problem. To ensure consistency and compliance with standards set for Board approval of nursing education programs, the Board has added more specificity to the current rules. Changes in the application process for an educational program are intended to ensure that a program has the resources and facilities to be viable and adequately prepare students for examination and safe practice. Changes in the reporting requirements will ensure that the Board is promptly informed when there is a significant event that may jeopardize the ability of the program to educate its students. With proposed regulations, continued approval of a program may be based on evidence of accreditation by a nursing education accrediting body. Elimination of duplicate submissions and site visits will conserve resources for educational programs that may better be used within the program or supporting institution. Additions to the education curriculum, including topics such as patient rights and the definition of patient abuse and abandonment, are designed to better prepare the licensed nurse and protect the health, safety and welfare of the patient.

Clarification of authorization to practice while awaiting licensure will protect the applicant from inadvertently practicing illegally, and a more specific requirement for evidence of continuing competency for a nurse who has been out of practice and is seeking reinstatement will offer greater protection to patients. Likewise, a specific number of hours in classroom instruction and practice for medication administration by unlicensed individuals is intended to protect the health and safety of the public who rely on the knowledge and ability of these persons for accurate administration of prescription drugs.

## Substance

*Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. Please note that a more detailed discussion is required under the statement of the regulatory action's detail.*

The Board of Nursing has adopted amendments to clarify regulations that have been confusing to applicants, regulants or educational programs. Amendments to nursing and nurse aide education program address concerns about the quality of instruction, the reporting of changes in the program, and other issues related to meeting the educational needs of students. To ease the burden of nursing education programs that undergo extensive review for accreditation by a national nursing credentialing body, it is proposed to allow acceptance of that accreditation for the purpose of continued approval by the Board.

Additional requirements are adopted to provide specificity about evidence of continued competency necessary for reinstatement of a license, to provide certain grounds for disciplinary action for the protection of patients or clients, to specify the number of hours of training necessary in a medication administration training program, to update the protocol for adult immunizations, and to state in regulation a policy of the Board on the delegation of tasks in an operating room.

The regulations that address criteria for approval of nurse aide education programs and certification of nurse aides are being repealed and set forth in another set of regulations adopted by the Board.

## Issues

*Please provide a statement identifying the issues associated with the final regulatory action. The term "issues" means: 1) the advantages and disadvantages to the public of implementing the new provisions; 2) the advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please include a sentence to that effect.*

### **Advantages or disadvantages to the public:**

The public will directly benefit from a more specific requirement on nametags; people who interact with nurses in a practice setting will be able to identify the nurse providing care and his/her level of licensure. Indirectly, there is an advantage to the public from having nurses educated by more qualified instructors in several new topics that directly relate to patient care. The addition of grounds for disciplinary action will ensure that the Board has the ability to discipline a nurse who has violated the rights or property of a patient. Finally, the public will benefit from a specific number of hours required for medication administration training and from a prohibition against delegation of circulating duties in an operating room to an unlicensed individual.

### **Advantages or disadvantages to the agency:**

There are no specific advantages or disadvantages to the agency or the Commonwealth. More specificity in the rules may alleviate questions and misunderstandings by educational programs and licensees, but there should be no additional cost for enforcement. The agency may experience a reduction in the number

of hours required for program reviewers to conduct site visits, which could result in a moderate reduction in that line item in the budget of the Board.

## Public Comment

*Please summarize all public comment received during the public comment period and provide the agency response. If no public comment was received, please include a statement indicating that fact.*

Proposed amendments to regulations implementing recommendations from a periodic regulatory review of all regulations were published in the Virginia Register of Regulations on December 29, 2003. Public comment was requested for a 60-day period ending February 27, 2004.

**At the March 23, 2004 meeting of the Board of Nursing, public comment was reviewed, considered and responded to as summarized below. Subsequently, the changes to section 90 were suspended pending further consideration by the Board.**

A summary of the comments received in writing or electronically are as follows:

### Faculty qualifications

#### Opposes changes to Section 90 5b:

Nine individuals representing themselves and/or Sentara School of Health Professions and Riverside School of Professional Nursing and a petition signed by 18 individuals and forwarded by the Dean of the School of Nursing at Lynchburg General Hospital commented in opposition to the changes to section 90 5b, which would require that all faculty at diploma and associate degree nursing programs have a graduate degree in nursing or another graduate degree with at least 18 hours of graduate course work in nursing.

Commenters noted that such a requirement would limit the pool available and make it more difficult to hire faculty. Rather than facilitating enrollment in nursing programs, a more stringent requirement would restrict programs at a time when there is a critical shortage of nurses and nursing faculty in Virginia. In addition, the commenters noted that diversity from other disciplines enriches the nursing program. While they agreed that graduate education is essential, they felt that graduate degrees in fields such as education or community health were beneficial in combination with the clinical nursing experience of a faculty member.

**Board response:** *The Board responded as follows: 1) The Institute of Medicine report on medical errors discussed the need for persons providing direct patient care to have adequate preparation to make decisions in a complex health care environment. The essential elements of patient care are not taught in a school of education or other programs, but are taught in a graduate level nursing program; 2) All of the schools that commented in opposition to the amendments currently meet the standard of the revised regulations; 3) The standard set in regulations of the Board is consistent with the standard for national accreditation; 4) The masters-level programs in Virginia produce on an annual basis 70% of the total number of faculty teaching in RN programs, so the pool of applicants should be adequate; and 5) Regulations provide for exceptions without any prior board approval including “grandfathering” for program directors and faculty employed prior to the effective date of regulations and for faculty who teach nursing-related courses such as pharmacology. For newly hired faculty, regulations provide for an exception to the qualification requirements by board approval if a program indicates that it was unable to hire qualified persons from the available pool of applicants.*

Supports changes to Section 90 5b:

One individual wrote in support of changes as requiring graduate education in nursing for faculty will strengthen nursing education and ultimately the profession.

**Board response:** *The Board concurs with the comment of the individual in support of the change.*

**Program Directors for LPN Programs (Section 90 6 a)**

Two individuals from the Radford City Schools and the Chesterfield Technical Center wrote to oppose a requirement that the program director of a licensed practical nursing program have a bachelor's degree in nursing. Both felt that was too restrictive and would make it difficult to fill positions.

**Board response:** *The Board believes that the education of a LPN must be similar in quality to that of a RN since their scope of practice is very similar and overlapping. A baccalaureate degree in nursing should be a minimal standard for someone providing instruction, and all program directors have instructional and clinical as well as administrative responsibilities. As with the previous response to the comment on faculty qualification, the Board noted the availability of "grandfathering" for current program directors who do not meet the educational qualification and the request for an exception if a program is unable to hire a qualified director from an applicant pool in the future.*

**Evaluation Reports (Section 160)**

Two persons commented in support of the amendment that will permit nursing programs that are accredited to submit a comprehensive report prepared by a national accrediting body in lieu of the Board's self-evaluation and site visit for continued approval by the Board.

**Board response:** *The Board concurs with the comment.*

**Name tag identification (Section 35)**

In a petition for rulemaking, published on March 10, 2003, five persons objected to the Board's interpretation that the requirement for wearing identification means that the nametag should indicate a nurse's first and last name. Since the Board was in the process of amending that section to specifically state that interpretation in regulation, it responded to the petitioners that it would consider their objections during the public comment period on proposed regulations. The commenters noted that inclusion of a last name on a nametag potentially places nurses at risk, especially in certain practice settings.

**Board response:** *The Board noted that since the petition for rulemaking was filed, the General Assembly passed legislation that prohibits the inclusion of street addresses, box numbers or rural route numbers on the on-line license lookup. While an address of record may still be obtained through the Freedom of Information Act, it is no longer possible to access that information via the internet. The Board believes that the identification requirement is in the best interest of patients and represents little if any risk to licensees.*

**Medication administration training program (Section 390)**

One person commented that the current medication administration training program may be inadequate to protect the public from medication errors. He recommended additional requirements to include a minimum hour-requirement of 24 hours, specific to the work setting in which the medications will be administered and retraining every two years or whenever the person changes employment to a different work setting. The commenter acknowledged that such a requirement would likely require a change in the statute as well.

**Board response:**

*The Board provided the following response: 1) The amendment to section 390 adds a specific 24-hour requirement for a training program; 2) Section 380 sets for the qualifications of instructional personnel for a medication administration training program to include a requirement that they complete “a program designed to prepare the instructor to teach the course as it applies to the clients in the specific setting in which those completing the course will administer medications;” and 3) The Code (§ 54.1-3408 J) does not grant authorization to the Board of Nursing to require recertification or periodic retraining, but the Board is authorized to approved the curriculum. The Department of Social Services is considering a regulation change for assisted living facilities (the setting in which the majority of the medication administration occurs) to require recertification every 3 years for employees who administer medications, so the issue may be addressed by employers or other licensing agencies.*

**A public hearing held before the Board on January 27, 2004, at which the following persons provided comment:**

Dr. Lauren Goodloe and Kay Davis represented the nursing leadership at Virginia Commonwealth University Medical Center (MCV). They noted that 300 of the 1500 nurses employed at MCV hold a master’s degree in nursing, so they support the Board’s decision to amend regulations and require that degree for all faculty in nursing education programs. It should not be overly burdensome and is important in an environment where nurses educated in those programs are expected to care for a very sick population of patients.

**Board response:** *The Board concurs with the comment.*

The nursing leadership group at MCV, including psychiatry and emergency medicine, also support the regulation requiring nurses to wear identification that includes their first and last name. Patients are entitled to know who is providing care, and such a debate would not occur if the practitioner was a MD rather than a RN. The commenters also support the addition of regulations on boundary violations in the section on unprofessional conduct.

**Board response:** *The Board concurs with the comment.*

Dr. Jane Elliott and Dr. Rose Saunders represented Southside Regional Medical Center School of Nursing and the Assembly of Hospital Schools of Nursing. While they agreed that graduate education is critical to nursing education, they did not agree that a graduate degree in nursing was necessary. Degrees in areas other than nursing can be very beneficial, so the program should have the flexibility to select the best qualified faculty member by education and experience. The commenters provided some demographic information about the nursing and faculty shortages. They also stated that there has been no evidence of harm, nor have passing rates on the national examination been negatively affected.

**Board response:** *See above response to comment on faculty qualifications.*

## Detail of Changes

*Please detail any changes, other than strictly editorial changes, that are being proposed. Please detail new substantive provisions, all substantive changes to existing sections, or both where appropriate. This statement should provide a section-by-section description - or crosswalk - of changes implemented by the proposed regulatory action. Include citations to the specific sections of an existing regulation being amended and explain the consequences of the changes.*

### **18 VAC 90-20-10. Definitions.**

- The Board has updated the definitions of “associate degree nursing program” and “baccalaureate degree nursing program” to specify that the authorization to confer degrees comes from the State Council of Higher Education.
- The definition of “national certifying organization” is amended to add “and is accredited by a national body recognized by the National Council of State Boards of Nursing (NCSBN).” Such recognition is essential for creditability for the examination of the certifying body and assurance of meeting certain accreditation standards. A definition of NCSBN is added to permit use of the acronym in regulation.
- The definition of “practical nursing program” is clarified to provide that the program should be authorized by the State Board of Education or the appropriate governmental credentialing agency.
- In the definition of “program director,” the Board has added language to require that person to hold a current, unrestricted RN license in Virginia.

### **18 VAC 90-20-35. Identification; accuracy of records.**

The requirement for nurses to wear identification is amended to clarify that the “name” includes the person’s first and last name. In addition, the title must indicate the license, certification, or registration under which the person is practicing. For example, students in a nursing program, who already hold the title of LPN or CNA, should identify themselves as student nurses while they are engaged in the role of a student in the practice setting.

**18 VAC 90-20-40. Phase I** (Board has amended the title to “Application” to more aptly describe the content of this section.)

In this section, the Board has added language that will provide more direction to applicants seeking approval of nursing education programs. It has clarified that the information provided must document adequate resources and the ability to provide a program that can meet the requirements set by the Board in these regulations. In addition, the requirements of the Board have been made more specific so the applicants seeking approval will have a clearer standard by which to be measured. For example, current regulations require applicants to provide information about availability of clinical facilities for the program. Rather than providing a listing of hospitals or facilities in the locality, the Board expects to receive letters of support from some of those facilities indicating a willingness to serve as a clinical site for nursing education. In addition to the evidence of current financial resources, the Board expects to receive documentation of the budget projections for at least three years to ensure that the program, if approved, can sustain itself so students can graduate.

**18 VAC 90-20-50. Phase II.** (The Board has renamed section 50 as “Provisional approval)



Current regulations require submission of a “tentative” written curriculum plan; the Board has deleted that word, because once provisional approval has been granted, programs will begin to admit students. Therefore, a definite curriculum plan needs to be devised and approved to ensure that students will receive an adequate education.

**18 VAC 90-20-60. Phase III.** (The Board has renamed this section “Program approval”)

The education special conference committee reviews self-evaluation and survey reports and makes recommendations for the granting or denial of approval. This section is amended to clarify that the committee also makes recommendations for the continuance of *provisional* approval when appropriate and necessary.

**18 VAC 90-20-65. Continued approval.**

A new section is added to permit the board to accept evidence of accreditation by a nursing education accrediting body recognized by the U. S. Department of Education for the purpose of continued accreditation.

**18 VAC 90-20-95. Preceptorships.**

Substantive content of a preceptorship must include the performance of skills for which the student has had clinical and didactic preparation; the Board has added that the clinical experience must be faculty-supervised and that the faculty remains ultimately accountable for the program.

**18 VAC 90-20-120. Curriculum.**

Curriculum content requirements are updated and more inclusive of information that will prepare nurses for actual practice. In a practical nursing or registered nursing program, the Board is recommending the deletion of nursing history and trends and the inclusion of topics such as patient rights and the definition of patient abuse and patient abandonment. In a registered nursing program, the Board is deleting a physics requirement and including the subject of delegation of tasks to unlicensed persons.

**18 VAC 90-20-140. Program changes.**

Curriculum changes and changes in faculty are to be reported with the program’s annual report to the Board, but the Board needs to be informed about certain significant changes, such as a change in the accreditation status of the program, in a more timely manner. Amendments specify a 10-day time frame for notification to the Board if there is a change in the director, the governing body, or in the accreditation status. The Board also needs to be notified within 10 days of the receipt of a report with findings and recommendations from an accrediting body.

**18 VAC 90-20-160. Maintaining an approved nursing education program.**

- For the purpose of continued approval of a nursing education program, the Board will accept accreditation by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education or any other nursing education accrediting body recognized by the

U. S. Department of Education and approved by the Board. Evidence of continued accreditation may be acceptable for continued approval, and a site visit may not be necessary. However, amendments provide for an on-site survey within one year of a change in accreditation status by an accrediting body

**18 VAC 90-20-170. Closing of an approved nursing education program; voluntary closings; closing as a result of denial or withdrawal of approval; custody of records.**

(The Board has simplified the title of this section to read “Closing of a nursing education program; custody of records.”)

Amendments clarify that the closure of a program should occur within a time frame established by the Board in its order following the formal hearing.

**18 VAC 90-20-190. Licensure by examination.**

- Subsection G is clarified. The statute allows candidates for licensure up to 90 days to practice while awaiting their examination results, and there is often confusion about when the 90-day period begins. Amendments clarify that practice may not begin until the candidate has been issued an authorization letter from the Board and continue from that date until publication of examination results. To clarify the date for “completion of the nursing education program,” the Board has added “as documented on the applicant’s transcript.”
- Since nurses are required to identify their category of licensure to the public, subsection G (2) is amended to ensure that applicants use the correct title on a nametag as well as when signing records.

**18 VAC 90-20-200. Licensure by endorsement.**

Amendments:

- 1) Clarify that if an applicant for licensure by endorsement has not received his license within 30 days, he may apply for an extension of time to practice beyond the 30 days permitted by law, provided he can provide proof that he has requested verification of licensure in another jurisdiction;
- 2) Provide that if an application not completed within one year of initial filing, the applicant must refile the application and pay a new fee; and
- 3) Delete the provision that requires the Board to notify the applicant if the completed verification form from the other state has not been received within 30 days. Verification of licensure is the responsibility of the applicant.

**18 VAC 90-20-220. Renewal of license.**

Subsection E on when the license is considered lapsed is clarified to delete “last day of the month” and insert “expiration date.”

**18 VAC 90-20-230. Reinstatement of lapsed license.** (The title of this section is amended to delete the word “lapsed,” since it also contains reinstatement provisions for a license that is suspended or revoked.)

Subsections B and C are amended to require evidence of continued competency to practice consisting of 15 hours of continuing education in nursing or passage of the NCLEX examination during the period in which the license has been lapsed. The board is authorized to waive all or part of the continuing education requirement if the nurse holds a current, unrestricted license in another state and has continued in active practice.

Subsection D is amended to specify that a person who has had his license revoked could not apply for reinstatement for at least two years from the date the order was entered.

**18 VAC 90-20-270. Supervision.** (The title needs to be amended to clarify that this section refers to supervision of a licensed practical nurse.)

An amendment will clarify that the supervision of a LPN by another licensed practitioner is broader than the context of the administration of drugs in § 54.1-3408.

**18 VAC 90-20-280. Clinical nurse specialist registration.**

A minor amendment will change the phrase “as follows” in subdivision B (3) to “upon.”

**18 VAC 90-20-300. Disciplinary provisions.**

Subsection A (1) is clarified to specify that fraud or deceit in procuring or attempting to obtain a license.

Subsection A (e) is amended to include in the falsifying of student or educational records including falsely representing facts on a job application or employment documents.

From the disciplinary matters involving nurses, the Board has seen the need to add several provisions to the section on unprofessional conduct including: 1) entering into an inappropriate relationship with a patient that violates professional boundaries; 2) giving or accepting money or property for any reason other than fee for service; 3) obtaining money or property from a patient by fraud, misrepresentation or duress; 4) violating the privacy of clients or confidentiality of patient records unless required to do so by law.

## **PART VI. Certified Nurse Aides.**

**Sections 310 through 360 in Part VI are being repealed** in 18 VAC 90-20 in order to set forth the regulations pertaining to certified nurse aides and nurse aide education programs in a separate and distinct regulation, entitled, 18 VAC 90-25-10, Regulations Governing the Certified Nurse Aides.

## **PART VII. Medication Administration Training Program.**

**18 VAC 90-20-390. Content.**

There needs to be a standard for the length of time spent in classroom instruction and practice in a medication administration training program; the Board has adopted a minimum of 24 hours of training.

**PART VIII. Protocol for Adult Immunization.****18 VAC 90-20-410. Requirements for protocol for administration of adult immunization.**

Regulations that were promulgated in 1998 are being updated to include information necessary to ensure adequate protocol to protect public safety at immunization clinics. Specifically, the Board has:

- In 7 f, the term is changed to “standard precautions” rather than “universal precautions.”
- Under 10, the qualifications of the immunization providers include current CPR certification.

**PART IX. Delegation of Nursing Tasks and Procedures.****18 VAC 90-20-460. Nursing tasks that shall not be delegated.**

This section is amended to add as a task that shall not be delegated the circulating duties in a surgery suite or operating room to unlicensed persons.

**Family Impact Statement**

*Please provide an analysis of the regulatory action that assesses the impact on the institution of the family and family stability including the extent to which the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

The regulatory action does not have any impact on the institution of the family or the rights of parents, does not encourage or discourage economic self-sufficiency or affect the marital commitment. They do not increase or decrease disposable family income.