



Occupational Study of Nurse Practitioners in New York State



**Department of
Civil Service**

The Honorable John Flanagan
Temporary President
NYS Senate
Room 330, State Capitol
Albany, New York 12247

The Honorable Carl Heastie
Speaker of the Assembly
NYS Assembly
Room 932, Legislative Office Building
Albany, New York 12248

Dear Majority Leader Flanagan and Speaker Heastie:

I am pleased to submit this report on nurse practitioners working for New York State, as required by A. 834-B and S. 3567-B. The information gathered during the study will ensure that material used for various merit system related activities relating to this occupation is up to date, and that the State's policy of equal pay for equal work, articulated in Section 115 of the Civil Service Law, is adhered to.

Sincerely,



Abner JeanPierre
Director of Classification and Compensation

cc: Minority Leader of the Senate
Minority Leader of the Assembly
Director Governor's Office of Employee Relations

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Executive Summary

In response to legislation passed during the 2017-18 legislative session, the Director of Classification and Compensation (C&C) of the Department of Civil Service was charged to study and publish a report on Nurse Practitioners (NP) employed by the State of New York.

The study began in February 2018 and focused on specific questions about the title as stated in the legislation, attached as [Appendix A](#). These include the accuracy and currency of the classification standard; grade allocation and compensation of the class; viability of a career ladder; and whether recognition of board certification is supported.

The occupational study entailed a systematic review and analysis of the NP occupation as it exists in State government. It involves the identification and analysis of the job duties associated with the occupation and the organizational and programmatic context in which jobs function. The duties and functions were also reviewed against the NP scope of practice delineated by the NYS Education Department, Office of the Professions (NYSED), and applicable NYS and federal laws.

Specifically, C&C reviewed position descriptions completed by NPs and their supervisors; conducted surveys; traveled to various settings to meet and audit NPs and interview supervisors; and researched several areas, such as the scope of practice of NPs compared to that of physicians; compensation of NPs in NYS; the scope of practice and compensation of NPs in ten selected states; and data on board certification.

The Division found that the existing classification standard required few substantive changes; it has been updated to reflect the duties obtained in the study and increased autonomy of experienced NPs detailed in the Nurse Modernization Act (NPMA) of 2015 and other recent legislation. A review of the responsibilities and minimum qualifications of comparable titles in State service confirmed that the allocation of NPs at Grade 24 is appropriate. In addition, State compensation, which includes a recently approved annual Geographic Pay Differential ranging from \$20,000 to \$30,000, is competitive based upon a comparison of the compensation of NPs by an aggregate of employers in NYS. Moreover, turnover data revealed that State agencies face no significant difficulties in recruiting and retaining NPs.

To establish additional levels of NP titles would require a clear differentiation of duties, responsibilities, and minimum qualifications. NPs, however, may perform the full breadth of duties delineated in their scope of practice. Other than leading or supervising staff, or having other managerial activities, additional levels of NPs are not feasible. Those duties that would

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support higher level titles are performed by other medical professionals such as physicians or psychiatrists who have final authority on an individual's¹ treatment.

Finally, C&C researched the requirements for board certification for NPs and compared them to those of physicians. We found that to become board certified, a physician must obtain additional years of specialty experience and pass a more comprehensive examination. A survey of user agencies and supervisors of NPs revealed that agencies do not require NPs to be board certified. Moreover, the board certified NPs perform no higher duties or responsibilities than those without board certification. Thus, adding additional levels of NP titles, based either on higher level duties or board certification, is not warranted based on the current organizational construct of user agencies.

¹ Individual refers to the person who is being treated or cared for, and is used in place of patient, client, or other nomenclature specific to an agency.

STUDY METHODOLOGY

The Division used a variety of methods to gather information in the occupational study of Nurse Practitioners. They include:

Existing Position Description (Form CC-3): Each NP was sent a Position Description Form (CC-3). The document was reviewed and certified by the NP's supervisor and the agency's Human Resources Office. We received CC-3s from 176² permanent NPs out of 180 currently employed (98% return); and although we did not ask for temporary/hourly NPs to complete the CC-3s, we received them from 4 out of 11 of them. This rich set of data, along with the other information gathered during the study, provided a good foundation for the update of the classification standard.

Survey of NP Supervisors: The supervisors identified on the returned CC-3s were surveyed to clarify some of the information on the CC-3s and to more specifically address the issues identified in the legislation. Sixty-four of 89 supervisors responded to the survey, a 72% return rate.

Research on Scope of Practice and Licensing Requirements: NYSED is the primary resource for the scope of practice and licensing requirements of NPs and other licensed professionals. It was used in gathering this data for NPs, Physicians, and Physician Assistants. In addition, there are settings in which the scope of an NP is restrained due to the NYS Mental Health Law (MHL), Public Health Law (PHL), Centers for Medicare and Medicaid Services (CMS), and agency policy, which we also reviewed.

Allocation and Compensation of NPs: The allocation of a class is the salary grade based on comparing a title's duties, responsibilities, and minimum qualifications with those of similar or benchmark titles in State Service. An analysis was conducted of the appropriate salary grade allocation of NPs within the structure of the NYS Title and Salary Plan.

Compensation refers to the monies an employee receives, which, for graded positions, includes an amount within the salary range of the grade as well as additional amounts in one or more salary differentials. The salary range of each grade is a function of State and Union negotiations.

Comparable compensation data for NPs was obtained from ERI Salary Assessor, a commercial salary data provider. That information was used to compare the experience level of State-employed NPs and resulting compensation with NPs of other employers with similar experience.

² The four not completed reflect incumbents on extended leave from their State position.

Board Certification: Information on board certification was researched and discussed with the NPs and supervisors interviewed. NP board certification was further compared to the requirements for board certification for physicians, including psychiatrists.

Review of NP Scope of Practice in other States: The scope and licensing requirements of NPs in ten states were gathered and compared to those of NYS. Compensation data for NPs was also obtained from the ten states for comparison to NYS NPs.

Audits of NPs: In addition to the written position descriptions in the CC-3s, on-site audits were conducted with 14% of NPs. The audits included a variety of agencies, facilities, and settings (see table below) to ensure a full picture was garnered for the study.

Location and Setting of Audits

Agency	Type of Facility	Type of Care	# Audits
DOCCS Fishkill Correctional Facility (CF)	Regional Medical Unit (RMU)	Medical	1
DOCCS Five Points Correctional Facility	Health Services Unit	Medical	1
DOH Helen Hayes Hospital	Rehab Hospital	Medical	1
DOH Veterans' Home Oxford	Veterans' Home	Medical	1
MH Capital District Psychiatric Center	Clinic Out-Patient	Psychiatric	2
MH Capital District Children & Youth	Clinic Out-Patient C&Y	Psychiatric	1
MH Central NY (CNY) Marcy Campus	In-Patient Forensic & SOTP	Medical	2
MH CNY at Five Pts Correctional Facility	Satellite Unit (SU) CF Forensic	Psychiatric	1
MH CNY at Fishkill Correctional Facility	SU CF Forensic; includes VTC	Psychiatric	1
MH Greater Binghamton Health Center	In-Patient Adult	Medical	1
MH Greater Binghamton Health Center	Clinic Out-Patient	Medical	2
MH Mohawk Valley Psychiatric Center	Clinic Out-Patient	Psychiatric	2
MH Mohawk Valley Children & Youth	In-Patient C&Y	Psychiatric	1
MH Rockland Psychiatric Center	Clinic Out-Patient	Psychiatric	2
MH Rockland Psychiatric Center	Admissions Unit	Psychiatric	1
MH Rockland Psychiatric Center	In-Patient Forensic	Psychiatric	1
OPWDD Hudson Valley	Article 16 Clinic	Medical	1
OPWDD Sunmount	In-Patient; Forensic & Other	Medical	2
OASAS Addiction Treatment Center	Addiction Treatment Center	Psychiatric	1
14 Facilities	25 NP Audits Conducted		

Description of Settings

Department of Corrections and Community Supervision (DOCCS) – Correctional Facilities

NPs provide primary and acute care to the inmate population. Positions consult with physicians who are Regional Medical Directors and Facility Health Services Directors, who are often off-site, regarding complicated cases, inmate grievances, and for fiscal approval of medical procedures. NPs function with autonomy, and due to the shortage of physicians, NPs enable a facility to have a prescriber on-site for extended hours.

Department of Health (DOH) – Helen Hayes Hospital (HHH)

NPs provide rehabilitative care to individuals recovering from surgery or from conditions that have resulted in medical decompensation (examples include Sepsis and Chronic Obstructive Pulmonary Disease). NPs are paired with a physician on rehabilitation units, and the hospital practices an interdisciplinary model for individual treatment. NPs also train staff, lead medical rounds, and function as members of discharge planning teams.

DOH – Veterans’ Homes

NPs perform acute and routine medical visits to residents requiring skilled nursing care and rehabilitative services, and perform medical evaluations on new admissions. In collaboration with physicians and other medical staff, NPs contribute to the development of clinical policies and procedures, and serve on committees to improve individual care. NPs also provide education to individuals and their families.

Office of Mental Health (OMH) – Inpatient

NPs provide medical or psychiatric care to individuals on wards and perform medical evaluations on new admissions. They provide psychiatric care including medication management and psychotherapy treatments. NPs are assigned to a ward with a psychiatrist, but due to resource limitations, some wards have an NP only. In some settings, NPs have caseloads that include forensic individuals, and this requires additional paperwork and documentation. Depending on the policies of the county, some NPs may also provide court testimony.

OMH – Outpatient

NPs in outpatient clinics primarily provide psychiatric care, which includes medication management and psychotherapy, to children and youth or to adult populations. NPs work with family, caregivers, and community groups to provide mental health supports that enable individuals to remain in the community. These NPs generally are not on-call due to set clinic hours and operate with fewer administrative restrictions than those in inpatient settings, due to the voluntary status of individuals treated in the community.

OMH – Satellite Units

OMH’s Central New York Psychiatric Center Satellite Units are located in various DOCCS facilities. Satellite Units are considered outpatient setting, but NPs operate with more restrictions because they are located within correctional facilities. NPs provide psychiatric treatment and medication management to inmates. Medical care, however, is provided by DOCCS’ healthcare staff. Increasingly, OMH NPs in satellite units participate in video tele psychiatry (VTC) to extend coverage to facilities without on-site psychiatric treatment providers.

Office of Alcoholism and Substance Abuse Services (OASAS) - Addictions Treatment Centers

NPs in both medical and psychiatric specialties provide care to individuals seeking treatment for, and recovering from, substance use disorders. While most individuals are voluntarily admitted, some are mandated by the terms of their parole to receive treatment. NPs function with autonomy and recommend changes to clinical policies and procedures. Psychiatric treatment is usually a one-time visit, because a stay at most ATCs is restricted to less than 21 days. That said, several ATCs are applying for a change in status that would permit longer individual stays, and this would allow more follow-up treatment for mental illness.

Office for People With Developmental Disabilities (OPWDD) – Campus

NPs provide primary and acute medical care to individuals with developmental disabilities; function as members of interdisciplinary treatment teams; and participate on committees. NPs provide treatment within their scope of practice; however, their ability to treat individuals may be limited by the availability of medical equipment. Procedures that cannot be carried out on campus are referred to specialists in the community. NPs Psychiatric provide psychiatric treatment and perform psychotropic medication reviews for this population.

OPWDD – Community

NPs provide primary and acute medical care to individuals residing in community residences in an assigned geographic area, and make house calls depending on the medical condition of the individual served. Individuals that can travel are seen in Article 16 Clinics³. NPs in this setting function with autonomy, participate as members of interdisciplinary treatment teams, and consult with physicians regarding complicated cases. NPs also train direct care staff

³ Article 16 Clinics are OPWDD-certified treatment facilities that provide clinical services to individuals with developmental disabilities as well as to those caregivers and other support staff whose participation in the service is deemed necessary to maintain the effectiveness of the treatment, enable the individual to remain in his/her current residential setting, and enhance the individual’s quality of life.

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in basic medical procedures, and educate family members and caregivers regarding illnesses and treatments.

SECTION 1 – DUTIES AND RESPONSIBILITIES

The major duties and responsibilities of NPs were compiled using the data from submitted duties descriptions (CC-3s) and NP scope of practice from NYSED. The revised Classification Standard is in [Appendix B](#), and a summary of our findings follows.

NPs may work only within their licensed specialty; and as such, a difference exists between NPs in Acute Care, Adult Health, Family Health, and Community Health specialties and those in the Psychiatric specialty. The former specialties provide medical care to individuals, while the latter delivers psychiatric care.

That said, the major duties and functions from the completed duties descriptions and audits are similar. Of 180 duties descriptions reviewed, only three positions were identified as performing duties inconsistent with those of properly classified NPs. Therefore, these positions represent an exception to the duties and responsibilities of NPs and as such, are not representative of properly classified NPs.

Specifically, an NP:

- Obtains, reviews, and updates medical and psychiatric histories.
- Conducts physical examinations; orders tests and reviews results, writes medical orders, determines or confirms diagnosis, and treats a variety of medical conditions within the specialty area.
- Establishes individual goals and treatment objectives, often in conjunction with the individual's treatment team.
- Prescribes medications, treatments, medical devices, and immunizing agents; and monitors impact on the condition of individuals, modifying as needed.
- Educates and counsels individuals and families regarding illnesses, medications, tests, and treatment goals and procedures.
- Provides input for the development, implementation, and revision of clinical policies and procedures for assigned facilities, units, and programs.
- Maintains medical documentation consistent with agency, State, and federal requirements.
- Functions as a member of an interdisciplinary treatment team, attends meetings, and serves on committees to improve individual outcomes.
- Establishes relationships and collaborates with community medical providers and organizations to ensure continuity of care.

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- Provides clinical guidance and training to nursing staff, and may serve as a preceptor to NP students.

SECTION 2 – ALLOCATION OF THE CLASS

The allocation or salary grading of a class is based on several factors, including the major duties and qualifications required to perform the functions of a class, such as education, experience, and licensing. In assigning a salary grade to titles, they are benchmarked against similar ones in the State’s employ to ensure internal equity.

History

The NP title was established in New York State in December 1979 in response to a request from the Department of Mental Hygiene⁴. The Department requested the creation of an advanced practice nurse title to relieve physicians of certain clinical tasks, such as obtaining individual health information, performing physical examinations, ordering and interpreting laboratory tests, making an initial diagnosis, performing minor surgeries, using local infiltrating anesthetics, and prescribing and dispensing medications. These functions were carried out under the supervision of a physician. The title was originally allocated to Grade 18, based on comparisons to Physician Assistant (PA), then Grade 18, which had been established in July 1975. The PA performed similar tasks, also under the supervision of a physician.

Effective January 5, 2006, the salary grade of NP was changed from Grade 18 to Grade 24 based on an occupational study of the title’s licensing requirements, minimum qualifications, scope of practice, and comparison of the class with other titles in State service. The review found that, generally, NPs have a master’s degree and work within a collaborative agreement and practice protocols with a physician. They were not required to be supervised by a physician. The overall increase in scope and responsibility, as well as the education and training, exceeded that of PAs and other nursing titles, but was below that of other non-supervisory titles at Grade 25, such as Licensed Psychologist, which requires a doctoral degree.

Legislation

Since 2006, three enacted pieces of legislation have affected NP’s scope of practice.

- 1) In 2012, legislation was passed permitting NPs to sign death certificates in the same manner as physicians, medical examiners, and coroners.
- 2) Effective January 1, 2015, the NPMA was passed, allowing NPs with more than 3,600 hours of qualifying experience to practice under their own license (e.g., without physician supervision or a formal collaborative agreement). Instead, an NP can practice with collaborative relationships with one or more qualified physicians or with a NYS Department of Health licensed health care facility.

⁴ The Department of Mental Hygiene was the precursor to the Office of Mental Health and the Office for People With Developmental Disabilities.

The new law defines “collaborative relationships” as when an NP communicates, by phone, in person, in writing, or electronically with a physician qualified to collaborate in the specialty involved, or, in the case of a licensed health care facility, communicates with a physician qualified to collaborate in the specialty involved who has privileges at such health care facility, to exchange information to provide comprehensive care or to make referrals.

The NP must complete and sign a NYSED form, Collaborative Relationships Attestation Form, which describes the NP’s current collaborative relationships, and must maintain documentation in written or electronic form that supports his or her collaborative relationships. (Additional details are available on NYSED’s website, www.op.nysed.gov/prof/nurse/np-prfnp.pdf.)

- 3) Effective May 28, 2018, the New York State Public Health Law will be amended to allow attending NPs to sign Do Not Resuscitate (DNR) orders and Medical Orders for Life-Sustaining Treatment (MOLST). Under existing law, only an attending physician may sign DNR and MOLST orders on behalf of individuals and their families.

Comparison of Medical Professionals' Licensure Requirements in NYS

Registered Nurse:

Requirements for RN license in NYS are graduation from a nursing education program that provides either: a Diploma (often through a hospital program), associate's, bachelor's, or master's degree in a program registered by NYSED as RN license-qualifying; or a general nursing education program located in a country outside of the United States or its territories, which is acceptable to NYSED, and successful completion of the National Council Licensure Examination for Registered Nurses (NCLEX-RN). This examination requires successful completion of at least 75 test items to a maximum of 265 items

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To register as an NP in New York, candidates must be first licensed as an RN. Although RN experience is not required to apply for certification as an NP, candidates often have such experience.

In addition, NP candidates must graduate from a NYSED approved education program (usually a master's degree program) and must complete pharmacology coursework. NYSED licensure is valid for life, but registration must be renewed every three years. There is no additional examination required by NYS.

RNs may also qualify for NP certification if certified as an NP by a NYSED-approved national organization.⁵ Requirements vary, but generally require a master's degree, several post-graduate courses in domains specific to the specialty, a varying number of clinical practice hours, and successful completion of an examination. Examinations are typically 150 to 175 multiple choice questions that test for clinical knowledge in the specialty area.

Physician:

To register as a physician, candidates must complete pre-professional education of at least 60 semester hours of college study; however, NYSED states that medical school candidates typically have a bachelor's degree. Candidates then complete professional education leading to a Doctor of Medicine or Doctor of Osteopathic Medicine degree. These programs typically consist of four years of study, two of which include clinical rotations.

Following medical school, candidates must complete a minimum of one year of post-graduate hospital training in an accredited residency program, although residencies are typically three to five years, depending on the specialty. Candidates must also complete a three-part medical licensing examination, such as the United States Medical Licensing

⁵ Examples of approved national organizations include the American Academy of Nurse Practitioners (AANP); American Association of Critical Care Nurses (AACCN); American Nurses Credentialing Center (ANCC); and National Certification Corporation (NCC).

Examination (USMLE), which typically takes five non-sequential testing days to complete. NYSED's medical license is valid for life, but registration must be renewed every two years.

Physician Assistant:

Physician Assistants (PA) must graduate from a NYSED-approved PA program, or one that is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). NYSED notes that these programs typically include at least 32 semester hours of classroom work, and 40 weeks of supervised clinical training. Additionally, prior to acceptance in a PA program, most candidates hold a bachelor's degree.

NYSED requires that candidates pass the Physician Assistant National Certifying Examination (PANCE) offered by the National Commission on Certification of Physician Assistants (NCCPA). The examination consists of 300 multiple choice questions. Once candidates pass the PANCE, they may apply for a license and registration with NYSED. The license is valid for life, but registration must be renewed every three years.

Comparison of Medical Professionals' Scope of Practice in NYS

NYSED provides the following descriptions of scope:

A Physician is a licensed health care professional who diagnoses, treats, operates, or prescribes for any human disease, pain, injury, deformity, or physical condition.

A PA may perform medical services under the supervision of a physician, and only when such acts and duties as are assigned to him or her are within the scope of practice of such supervising physician.

An NP may diagnose illness and physical conditions and perform therapeutic and corrective measures, including prescribing medications for individuals whose conditions fall within their specialty. This privilege includes the prescribing of all controlled substances under a DEA number. NP, as a registered nurse, may also diagnose and treat human responses to actual or potential health problems through such services as case finding, health counseling, health teaching, and provision of care supportive to or restorative of life and well-being. New York law requires NPs to practice pursuant to a written practice agreement with a collaborating physician except when an NP qualifies for and chooses to practice more autonomously and have collaborative relationships with physicians and/or a hospital.

As described by NYSED, an NP will usually have access to a physician, whether for questions, assistance, discussion, or consultation. Even after 3,600 hours, when an NP can work the most autonomously, he or she must maintain collaborative relationships with physicians and keep a record of contacts and consultations with one or more of them. This record must be available for review by NYSED.

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In addition to NYSED, agency policies, State and federal laws, and funding program requirements impact the scope of practice of NPs by limiting certain tasks to physicians. Such limitations vary across agencies, work settings, and populations served, and include the following:

- New York State Mental Hygiene Law (MHL) requires medical certifications of involuntary admission to be signed by a physician in OMH, OPWDD, and OASAS facilities. An examining physician and a licensed psychologist may also certify involuntary admissions to OPWDD facilities. At OASAS, an examining physician may decide to retain an individual involuntarily for emergency services in a treatment facility if he or she is incapacitated to the degree that there is a likelihood of harm to the individual or others.
- MHL, agency policy, and/or CMS also restrict the ordering of restraints or seclusion, and the examining of an individual after restraints or seclusion to physicians in OMH facilities.
- Individual treatment plans, psychiatric evaluations, and/or discharge summaries must be signed by a physician at HHH, OMH, OPWDD, and OASAS for CMS reimbursement. A physician's signature is required for an individual's medical evaluation upon admission at Montrose and Oxford Veterans' Homes. NPs may sign treatment plans, psychiatric evaluations, and/or discharge summaries in OMH facilities, but a physician's co-signature is required by CMS.
- Agency policy restricts serving on-call to physicians in Helen Hayes Hospital, and DOCCS and OMH facilities.⁶
- HHH, Oxford Veteran's Home, and OPWDD require all NPs to maintain practice agreements with collaborating physicians, regardless of experience level.

⁶ If an NP does serve on-call, there is a physician on-call as well.

States Comparisons of NP’s Scope

NPs are governed exclusively by the law and licensing requirements of each state. The following chart outlines board certification and specialty area requirements, and NPs’ level of interaction with physicians in selected states.

State	Board Certification Required	Required to Practice within a Specialty Area	Physician Involvement Required to Diagnose/Treat Patients, and Prescribe Medications and Devices*
New York	No	Yes	Collaborative until 3,600 hours' experience
California	No	No	Physician Supervision required
Connecticut	Yes	No	Collaborative until three years' experience
Florida	Yes	No	Physician Supervision required
Illinois	Yes	Yes	Collaborative Agreement
Massachusetts	Yes	Yes	Physician Supervision required
Michigan	Yes	Yes	Physician Supervision required
New Jersey	Yes	Yes	Collaborative Agreement
Ohio	Yes	Yes	Collaborative Agreement
Pennsylvania	Yes	Yes	Collaborative Agreement
Texas	Yes	No	Physician Supervision required

*Schedule II-V controlled substances included.

Other than NYS and California, NPs in the other selected states must possess current licensure and registration as a registered professional nurse, a graduate degree, and board certification by a national organization.

Practice and licensure laws in the selected states authorize NPs to diagnose and treat individuals, including prescribing Schedule II-V controlled substances, either under the supervision of or in collaboration with a physician.

NYS and Connecticut are the only states that do not require supervision or a formal collaborative agreement with a physician following a specified amount of experience, providing greater autonomy and authority to diagnose and prescribe than other states studied⁷.

⁷ Other states have passed similar laws providing more autonomy to NPs.

Comparisons with Other NYS Titles

TITLE	SG	Degree*	Description
Licensed Master Social Worker (LMSW) 2	20	Masters in Social Work (MSW)	Perform the full-range of social worker tasks consistent with the scope of practice of an LMSW defined by NYSED Law Article 154. Deal with the more challenging individuals who exhibit serious and/or complicated mental, social, emotional, behavioral, developmental, and addictive disorders, conditions, and disabilities. May supervise.
Physician Assistant	23	PA Program	Provide medical services under direct supervision of a physician
Nurse Practitioner	24	Masters in NP	Diagnose illness and physical conditions and perform therapeutic and corrective measures, including prescribing medications for patients whose conditions fall within their specialty area of practice.
Licensed Psychologist	25	Doctoral Degree in Psychology	Provide assessment and treatment as well as clinical leadership; program management; forensic or court-ordered assessments, treatment and expert testimony; disability, neuropsychological or education evaluation and interpretations.
Pharmacist	25	Doctor of Pharmacy	Administer, prepare, compound, preserve, and dispense drugs, medicines, and therapeutic devices on the basis of prescriptions or other legal authority, and provide advice and consultation to medical staff.
Clinical Physician 1	34	Doctor	Staff Physician in general medical care
Medical Specialist 1	35	Doctor	Serve as a practicing specialist under the direction of a higher level Medical Specialist.
Psychiatrist 1	38	Doctor	Serve as a practicing specialist under the direction of a higher level psychiatrist or physician; may be assigned responsibility for a group of clients or residents or a portion of a treatment program or treatment facility.

*** NYSED provides alternative education/experience options for some licenses in NYS; particularly in connection with candidates from other countries.**

In the chart above, the NP title is compared with other NYSED-licensed professional healthcare titles to ensure it is appropriately graded within the structure of the NYS Title & Salary Plan. Titles allocated to a lower salary grade than NPs include LMSW, which is licensed and has a master’s degree, and treats individuals but does not diagnose conditions and prescribe medication; and the PA, which requires a PA educational program often equivalent to a master’s degree; however, PA is limited to providing services under direct supervision of a physician. Therefore, these titles have a more limited scope of practice than NP. The titles allocated to a higher salary grade than NP require a doctorate and have a broader scope of practice; and serve as an expert consultant and testify in court. Such positions, like the NPs, perform functions requiring extensive specialized education and licensure, and have a similar level of consequences due to errors; however, the higher level of educational and licensure

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requirements, and lack of limitations on their scope of practice, support a salary grade at a level higher than that of NP.

Salary Grade 24 for NPs is appropriate based on the information outlined above. The autonomy of the class distinguishes it from PAs and LMSWs who have a more limited scope of practice and less autonomy. Further, limitations of NPs through agency policies, State and federal laws, and funding sources make allocation at a similar level to physicians unsupported. Finally, when compared to similar titles in State service, NP is in proper alignment with titles at Salary Grade 25 and above that require doctoral degrees and have a broader scope of practice and fewer limitations.

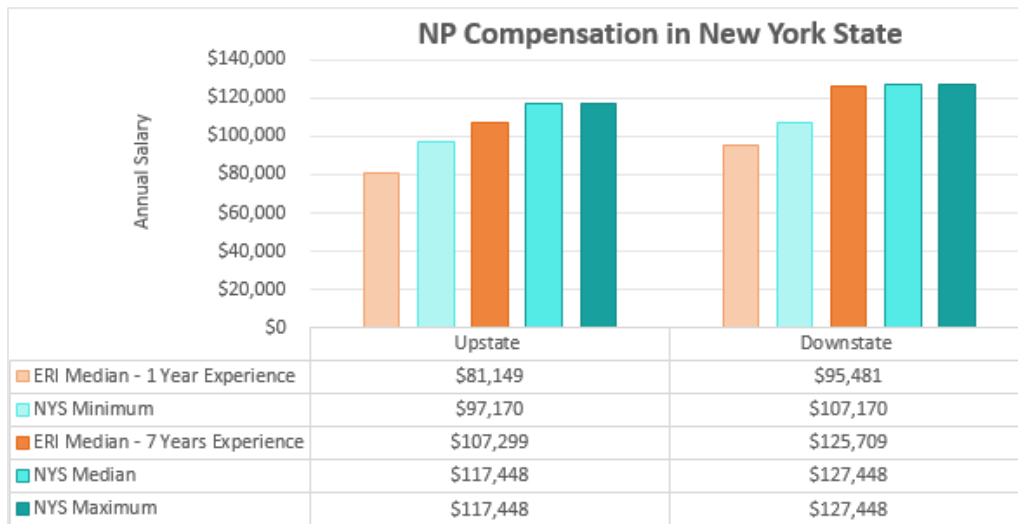
SECTION 3 - COMPENSATION

Compensation of State NPs was increased through implementation of a GPD in April 2017. The GPD was approved to address significant retention and recruitment issues due to the higher compensation of competing employers. Downstate, which includes Dutchess, Orange, Sullivan, Ulster, Rockland, Westchester, and Putnam Counties, the five Boroughs of New York City, and Long Island, received an increase of the GPD to \$30,000. All upstate counties received an increase to \$20,000.

Current data on compensation of NPs in NYS, including private and public employers, was gathered from *ERI Salary Assessor*, and compared to the compensation of State employees as of April 1, 2018.

Compensation Comparison of NPs in NYS

Filled NP, Grade 24, positions are assigned to 34 locations in the upstate and downstate regions⁸. The median salaries of NPs, for both public and private employers, with one year and seven years of experience in 34 locations were obtained using ERI, and then grouped into upstate and downstate for comparison.



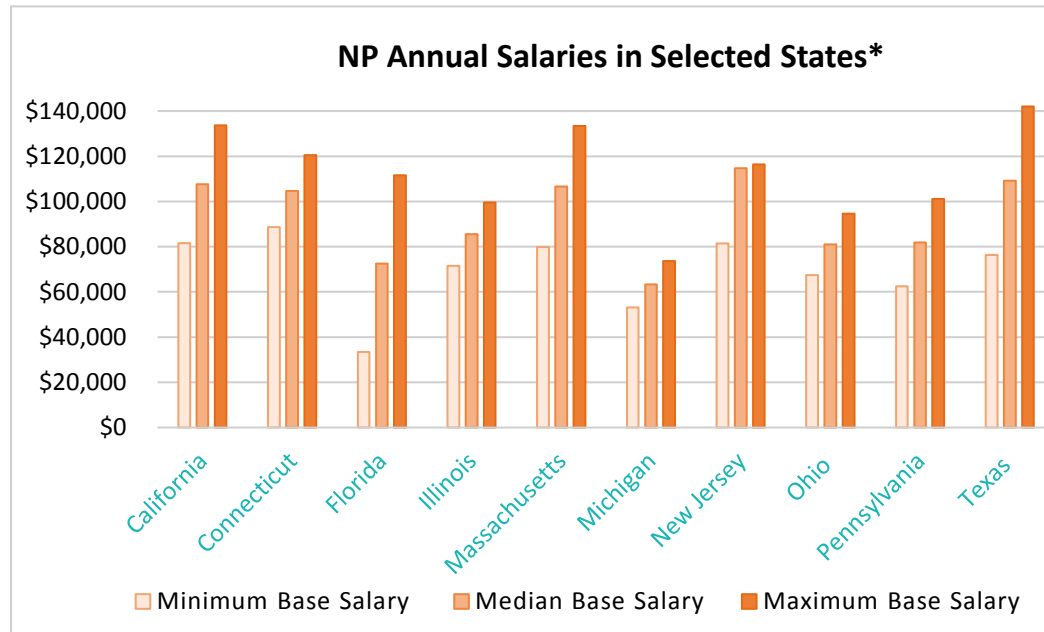
Whether located upstate or downstate, the median annual salary of an NP with one year of experience is less than that of an NP, Grade 24, at the entry level in State service. Similarly, the maximum compensation of a State-employed NP, Grade 24, exceeds the median

⁸ Compensation Data obtained from ERI for upstate includes locations in Albany, Schenectady, Cayuga, Onondaga, Genesee, Monroe, Wayne, Oneida, Broome, Chemung, and Erie Counties. Downstate includes locations in Bronx, Kings, Richmond, Rockland, Suffolk, Westchester, Dutchess, and Ulster Counties.

of an NP with seven years of experience. The median salary of an NP, Grade 24, is equivalent to the maximum salary in both regions.

Compensation Comparison with Selected States

NPs, Grade 24, in State service earn a median annual salary of \$117,448. The salary range is \$97,187 to \$127,448.



*California, Connecticut, and New Jersey compensation has been verified. Other state salaries' may exclude pay differentials.

State	Minimum Base Salary	Median Base Salary	Maximum Base Salary
California	\$81,636	\$107,658	\$133,680
Connecticut	\$88,634	\$104,585	\$120,535
Florida	\$33,377	\$72,461	\$111,544
Illinois	\$71,580	\$85,566	\$99,552
Massachusetts	\$79,910	\$106,628	\$133,345
Michigan	\$53,138	\$63,366	\$73,593
New Jersey	\$81,457	\$114,716	\$116,342
Ohio	\$67,454	\$81,047	\$94,640
Pennsylvania	\$62,455	\$81,813	\$101,170
Texas	\$76,356	\$109,204	\$142,052

NPs employed by New York State earn salaries that are similar to those of NPs employed by California, Connecticut, Massachusetts, New Jersey, and Texas.

SECTION 4 – BOARD CERTIFICATION

Nurse Practitioners

To be certified as an NP in New York, candidates must graduate from a NYSED-approved NP education program or be certified as an NP by a NYSED-approved national organization within a specialty identified in NYSED’s scope of practice section. Therefore, NPs may possess a national board certification to fulfill requirements for practice as an NP in New York State.

The study found that board certification does not change the fundamental nature of the duties performed by NPs in the State. While board certification may enhance an NP’s clinical knowledge and approach to clinical practice, it does not result in a substantive difference in the work assigned to, or level of responsibility of NPs in State clinical environments.

These findings are supported by interviews with NP supervisors, and the results of the supervisor’s survey. Most supervisors are physicians who function as clinical heads in their respective facilities and work on interdisciplinary clinical teams with NPs. Seventy percent of supervisors (41 of 58 respondents) responded that board certification does not substantively impact the duties of NPs that they supervise.

Supervisors who were interviewed in-person responded similarly. While supervisors state that board certification shows a level of dedication to the job and requires a clinician to keep up with medical literature through continuing education (CE), they note that clinical aptitude is dependent on an NP’s training and experience, and that an NP’s competence becomes evident in the State setting with or without board certification.

Board Certification of NPs and Physicians

At OMH, NPs frequently work in conjunction with psychiatrists. Several NPs compared their board certification to that offered for psychiatrists through the American Board of Psychiatry and Neurology (ABPN). However, in reviewing the education and experience requirements to obtain ABPN certification, we found that the board certification requirements are more stringent with regard to education, experience, and examination.

It should be noted that NYSED does not require psychiatrists in NYS to be board certified, but the minimum qualifications for NYS-employed psychiatrists does require ABPN board certification. Psychiatrist 1 must have completed all requirements for taking the examination, and Psychiatrist 2 must be ABPN board certified in psychiatry.

To be an ABPN-certified psychiatrist, residents must complete a four-year residency in an approved program; complete 3 clinical skills tests evaluated by a certified psychiatrist; and pass a 450-question examination. Recertification is divided into three, three-year periods, with a maintenance of certification examination every ten years. Each of the 3-year periods requires a minimum of 90 Continuing Education (CE) credit hours and completion of ancillary requirements.

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In comparison, Psychiatric-Mental Health NP Certification through the ANCC requires an RN license; an NP master's degree from a psychiatric preparation program that includes 500 faculty-supervised clinical hours; three graduate level courses within the specific domain; and clinical training in at least two psychotherapeutic treatment modalities. Candidates must successfully complete a 200-question examination. ANCC recertification is required every five years, and requires a minimum of 75 CE credit hours and completion of ancillary requirements.

NPs at various agencies also work in conjunction with American Board of Family Medicine (ABFM) certified physicians. Requirements for ABFM certification are similar to those of the ABPN, and include completion of a 3-year residency program after medical school; and a 320-question, 6.5-hour examination. Recertification includes three, three-year periods, with an examination every ten years. Two of the 3-year periods require a minimum of 150 CE hours each and completion of ancillary requirements.

In comparison, requirements for Family NP certification through AANP requires an NP master's degree in preparation for Family Health practice; a minimum of 500 faculty-supervised clinical hours; and completion of additional ancillary requirements. Recertification is required every 5 years, and requires a minimum of 1,000 hours of clinical practice and 100 CE hours; or successful completion of another certification examination.

Board certification for NPs includes education and experience requirements that are similar to those required to obtain NYS certification as an NP, and as noted, possession of a national board certification is one path to NYS certification as an NP, and is the only path to licensing in many other states. Neither employing agencies or NP supervisors expressed a need or preference to have board certified NPs.

Therefore, we find no basis upon which to support recognition for board certification, whether through compensation or career ladder.

SECTION 5 – CAREER LADDER

A career ladder may be supported when levels of duties, responsibilities, and minimum requirements can be differentiated. The duties and functions of NPs, the reporting relationships, and education and experience requirements were reviewed to determine if multiple levels could be differentiated.

The review found that the duties, responsibilities, and minimum requirements of NPs, Grade 24, in State service lack the necessary distinctions to justify higher level titles. Other than the differences associated with an NP's certified specialty, incumbents perform similar duties in the examination, diagnosis, and treatment of individuals' illnesses and health problems, regardless of the agency, facility, and/or program to which assigned.

Board certification by a national organization does not impact the assignment or level of responsibility of NPs in State service. Similarly, an NP's level of experience does not lead to assignment of a higher level of work or additional responsibility. Fifty-five percent of NP supervisors responded "no" or were uncertain that additional years of NP experience in any context would impact the level of work performed. Several clinical directors also indicated that they prefer to train NPs on clinical processes that are specific to their facilities.

In State clinical structures, NPs report to physicians for clinical and typically administrative supervision. For titles that require a medical license, multiple levels exist based on supervisory and managerial roles, in conjunction with the qualifications required to perform such duties.

Clinical Physicians are classified to function as general practitioners. Clinical Physician 1, Grade 32, is a staff physician that provides general medical care while Clinical Physicians 2 and 3, Grades 36 and M-8, supervise and/or manage medical services.

Physicians eligible for board certification are appointed to the Medical Specialist 1, Grade 35, and Psychiatrist 1, Grade 38, titles, and function as practicing specialists under supervision of a higher-level specialist. Board certified physicians outside of psychiatry are appointed to Medical Specialist 2, Grade 38, and those with one year of post-certification experience are eligible for appointment to Medical Specialist 3, M-8. Similarly, ABPN-certified psychiatrists are appointed to Psychiatrist 2, Grade 38, and those with one year of post-certification experience are eligible for appointment to Psychiatrist 3, M-8. These higher graded titles, however, are not based solely on board certification and experience; they follow a similar progression of administrative and/or managerial responsibility to that of Clinical Physicians.

There is no progression of responsibility for NPs because physicians are responsible for supervision and management of medical services and have final medical decision-making and treatment authority.

CONCLUSION

The Department of Civil Service's Division of Classification and Compensation conducted a comprehensive review of Nurse Practitioners employed by State agencies to obtain updated information on duties and responsibilities and determine the appropriateness of their salary grade, and board certification. The study entailed reviewing hundreds of duties descriptions completed by employees and conducting dozens of on-site interviews with employees and their supervisors.

The existing classification standard required few changes. Nevertheless, it has been updated to reflect information obtained through the study, the NPMA Act of 2015, and other recent legislation. The Salary Grade 24 for Nurse Practitioners is in proper alignment with that of other titles in the NYS Title and Salary Plan; these employees' compensation is now competitive with the market, based on the recent substantial increase in the geographic differentials.

We did not find differentiation in the duties or level of responsibility among Nurse Practitioners employed by NYS that would support multiple levels of titles. The responsibilities such as managerial activities that would justify other levels are performed by physicians, who in many instances make final decisions on treatment.

Finally, agencies do not see a need to require board certification for Nurse Practitioners; and existing employees who are certified perform the same duties as their non-certified peers. Although supervisors noted that board certification showed dedication to the field, it is not a strong factor in personnel decisions. Therefore, we do not find that board certification should be required.

Appendix A – NYS Legislation

STATE OF NEW YORK

7290

IN SENATE

January 5, 2018

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend a chapter of the laws of 2017, relating to directing the president of the civil service commission to study and publish a report on nurse practitioners, in relation to directing the director of classification and compensation of the department of civil service to study and publish a report on nurse practitioners as proposed in legislative bills number A. 834-B and S. 3567-B

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 Section 1. Sections 1, 2 and 3 of a chapter of the laws of 2017,
- 2 relating to directing the president of the civil service commission to
- 3 study and publish a report on nurse practitioners, as proposed in legis-
- 4 lative bills numbers A. 834-B and S. 3567-B, are amended to read as
- 5 follows:
- 6 Section 1. It is the policy of this state to pursue equitable compen-
- 7 sation for similar titles/duties within the state workforce and provide
- 8 for opportunities for career advancement. [Compensation should be based
- 9 not only on educational requirements, but also on the actual duties,
- 10 experience and advanced educational certification.] The [job title]
- 11 OCCUPATIONAL CATEGORY of nurse practitioner [is overdue for a thorough
- 12 review] MUST BE THOROUGHLY REVIEWED by the DIRECTOR OF CLASSIFICATION
- 13 AND COMPENSATION OF THE DEPARTMENT OF civil service [commission] TO
- 14 ENSURE THAT THERE IS APPROPRIATE COMPENSATION.
- 15 S 2. [The president of the state] IN ACCORDANCE WITH SECTION 118 OF
- 16 THE CIVIL SERVICE LAW, THE DIRECTOR OF CLASSIFICATION AND COMPENSATION
- 17 OF THE DEPARTMENT OF civil service [commission] is hereby directed to
- 18 study and publish a report on the [job title] OCCUPATIONAL CATEGORY of
- 19 nurse practitioner. The study and report shall include, but not be
- 20 limited to:
- 21 (a) the current job [description] DESCRIPTIONS of nurse practitioner

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22 TITLES and any changes that should be made to more accurately reflect
23 the actual duties OF SUCH POSITIONS;

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [] is old law to be omitted.

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S. 7290

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1 (b) determination if the current [grade 24] SALARY ALLOCATIONS FOR
2 NURSE PRACTITIONER JOB TITLES adequately [reflects] REFLECT the [actual
3 complexity of] POSITIONS' responsibilities and duties;

4 (c) [the identification of] DETERMINATION IF THERE SHOULD BE a career
5 ladder [to be] FOR NURSE PRACTITIONER TITLES, AS IS utilized [in line
6 with] FOR other LICENSED MEDICAL professionals such as registered nurs-
7 es, social workers, rehabilitation counselors, dentists and doctors; AND

8 (d) [the correlation between career ladders and the impact on
9 retention; and

10 (e)] AN ASSESSMENT OF WHETHER recognition of board certification [as
11 part of the career ladder] IS NEEDED BY THE STATE.

12 S 3. The [president] DIRECTOR of [the] CLASSIFICATION AND COMPENSATION
13 OF THE DEPARTMENT OF civil service [commission] shall determine if there
14 is a need to make changes to the nurse practitioner [title] JOB TITLES
15 based on the information in the report. The [president] DIRECTOR of
16 [the] CLASSIFICATION AND COMPENSATION OF THE DEPARTMENT OF civil service
17 [commission] shall submit the above described published report to the
18 speaker of the assembly, the minority leader of the assembly, the tempo-
19 rary president of the senate, the minority leader of the senate and the
20 governor's office of employee relations by July 1, 2018.

21 S 2. This act shall take effect on the same date and in the same
22 manner as a chapter of the laws of 2017 directing the president of the
23 civil service commission to study and publish a report on nurse practi-
24 tioners, as proposed in legislative bills numbers A. 834-B and S.
25 3567-B, takes effect.

Appendix B – Revised Classification Standard

Occ. Code 5505100

NURSE PRACTITIONER (VARIOUS PARENTHETICS), GRADE 24 **New York State Department of Civil Service**

Classification Standard

BRIEF DESCRIPTION OF CLASS

Nurse Practitioners (NP) are advanced practice nurses certified by the State Education Department (SED) in a specialty practice area. Positions provide primary, acute, and long term care; perform physical exams; diagnose and treat illnesses and other health problems; and prescribe medications, medical tests, and treatments. NPs collaborate with physicians and other health care providers to ensure that individuals* receive appropriate, timely, and coordinated care.

Positions are classified at various State agencies.

*Individual refers to person who is being treated or cared for, and is used in place of patient, client, or other nomenclature specific to an agency.

DISTINGUISHING CHARACTERISTICS

NURSE PRACTITIONER (VARIOUS PARENTHETICS): diagnose, treat, prescribe, and provide primary, acute, and long term health care services within a specialty area of practice in accordance with Article 139 of the Education Law.

RELATED CLASSES

Physician Assistants provide a wide range of medical care to individuals under the supervision of a licensed physician in accordance with Article 131-B of the Education Law.

ILLUSTRATIVE DUTIES

Obtains, reviews, and updates individual histories.

Conducts physical examinations; orders tests and reviews results; writes medical orders; determines and/or confirms diagnoses; and treats a variety of medical conditions within the specialty area of practice.

Establishes individual goals and treatment objectives, often in conjunction with the individual's treatment team.

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Prescribes medications, treatments, medical devices, and immunizing agents, and monitors impact on the condition of individuals, modifying as needed.

Educates and counsels individuals and families regarding illnesses, medications, tests, and treatment goals and procedures.

Provides input for the development, implementation, and revision of clinical policies and procedures for assigned facilities, units, and/or programs.

Maintains medical documentation consistent with agency, State, and federal requirements.

Functions as a member of an interdisciplinary treatment team, attends meetings, and serves on committees to improve individual outcomes.

Establishes relationships and collaborates with community medical providers and organizations to ensure continuity of care.

Provides clinical guidance and training to nursing staff, and may serve as a preceptor to NP students.

MINIMUM QUALIFICATIONS

Open Competitive: certification and registration as an NP in an SED-recognized specialty area.

Date: 5/18

NOTE: Classification Standards illustrate the nature, extent, and scope of duties and responsibilities of the classes they describe. Standards cannot and do not include all the work that might be appropriately performed by a class. The minimum qualifications above are those required for appointment at the time the Classification Standard was written. Please contact the Division of Staffing Services for current information on minimum qualification requirements for appointment or examination.

PARENTHETICS ATTACHMENT

NURSE PRACTITIONER (ACUTE CARE): provides medical care to acutely ill individuals in acute care and hospital settings; stabilizes individuals; and develops treatment plans to maximize the health of individuals and to prevent complications.

NURSE PRACTITIONER (ADULT HEALTH): diagnoses and manages common acute and chronic primary health care problems in a variety of settings such as community health clinics, infirmaries, specialty clinics, and correctional facilities.

NURSE PRACTITIONER (COMMUNITY HEALTH): provides care to individuals in community settings; and develops and implements solutions to health problems in collaboration with community members and resources.

NURSE PRACTITIONER (FAMILY HEALTH): provides primary care, health assessments, guidance, teaching, and/or counseling to individuals across the lifespan from birth to death.

NURSE PRACTITIONER (PSYCHIATRY): provides psychiatric assessments, crisis intervention, treatments, and medication management for individuals with mental illnesses, utilizing a range of psychosocial interventions and therapy methods.