

# SENATE, No. 1522

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED FEBRUARY 10, 2022

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator TROY SINGLETON**

**District 7 (Burlington)**

**Co-Sponsored by:**

**Senators Stanfield, Diegnan, Zwicker, Cryan, Madden, Stack, Cruz-Perez,  
Beach, Johnson, Turner, O'Scanlon, Greenstein, Ruiz and Oroho**

**SYNOPSIS**

Eliminates certain practice restrictions for advanced practice nurses.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 3/20/2023)**

1 AN ACT concerning advanced practice nurses, revising various parts  
2 of the statutory law, and supplementing P.L.1991, c.377  
3 (C.45:11-45 et al.).

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. (New section) The Legislature finds and declares that:

9 a. Advanced practice nurses are registered nurses who are  
10 certified to provide an advanced level of health care to patients that  
11 exceeds the standard scope of nursing practice.

12 b. Advanced practice nurses augment the system of care in  
13 New Jersey and nationwide by providing treatment services at a  
14 level that can relieve some of the demand on physicians, of whom  
15 there is a chronic shortage, and expedite access to care for patients,  
16 including those in medically underserved areas and among  
17 medically underserved populations.

18 c. Studies suggest that approximately one quarter of the  
19 population of the United States lives in an area with a shortage of  
20 primary care professionals. Limited access to care is frequently  
21 worse among racial and ethnic minorities, people with low incomes,  
22 and individuals for whom a lack of transportation creates logistical  
23 barriers to health care.

24 d. One way to reduce gaps in health care access is to allow full  
25 practice authority for advanced practice nurses, over 75 percent of  
26 whom are educated in a primary care specialty and can directly  
27 improve access to both primary care services and specialty care  
28 services.

29 e. Currently, 24 states, the District of Columbia, and two U.S.  
30 territories have adopted full practice authority for advanced practice  
31 nurses. The requirement to practice in collaboration with a  
32 physician limits the ability of advanced practice nurses to provide  
33 primary care and specialty care services, and has been associated  
34 with advanced practice nurses leaving New Jersey for other  
35 jurisdictions with fewer practice restrictions.

36 f. It has been estimated that removing practice restrictions for  
37 advanced practice nurses has the potential to reduce health care  
38 access disparities by a factor of more than 38 percent.

39 g. In response to the coronavirus disease 2019 (COVID-19)  
40 pandemic, Governor Murphy issued Executive Order No. 112,  
41 which, among other things, directly and through waivers issued  
42 pursuant to its authority, waived existing practice restrictions for  
43 advanced practice nurses, including joint protocol and supervision  
44 requirements.

45 h. According to surveys, over 45 percent of advanced practice  
46 nurses in New Jersey reported working without practice restrictions

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 as authorized under Executive Order No. 112 and the waivers  
2 issued pursuant to the executive order. No adverse incidents were  
3 reported during the waiver period involving advanced practice  
4 nurses practicing without practice restrictions.

5 i. Given the need for expanded access to care, it is necessary  
6 and appropriate to take steps to remove practice restrictions that  
7 serve as a barrier for advanced practice nurses to practice in New  
8 Jersey to the full extent of their education, clinical training, and  
9 national certification.

10

11 2. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to  
12 read as follows:

13 1. As used in this act:

14 a. The words "the board" mean the New Jersey Board of  
15 Nursing created by this act.

16 b. The practice of nursing as a registered professional nurse is  
17 defined as diagnosing and treating human responses to actual or  
18 potential physical and emotional health problems, through such  
19 services as casefinding, health teaching, health counseling, and  
20 provision of care supportive to or restorative of life and well-being,  
21 and executing medical regimens as prescribed by a licensed or  
22 otherwise legally authorized physician or dentist. Diagnosing in the  
23 context of nursing practice means the identification of and  
24 discrimination between physical and psychosocial signs and  
25 symptoms essential to effective execution and management of the  
26 nursing regimen within the scope of practice of the registered  
27 professional nurse. Such diagnostic privilege is distinct from a  
28 medical diagnosis. Treating means selection and performance of  
29 those therapeutic measures essential to the effective management  
30 and execution of the nursing regimen. Human responses means  
31 those signs, symptoms, and processes which denote the individual's  
32 health need or reaction to an actual or potential health problem.

33 The practice of nursing as a licensed practical nurse is defined as  
34 performing tasks and responsibilities within the framework of  
35 casefinding; reinforcing the patient and family teaching program  
36 through health teaching, health counseling and provision of  
37 supportive and restorative care, under the direction of a registered  
38 nurse or licensed or otherwise legally authorized physician or  
39 dentist.

40 The terms "nursing," "professional nursing," and "practical  
41 nursing" as used in this act shall not be construed to include nursing  
42 by students enrolled in a school of nursing accredited or approved  
43 by the board performed in the prescribed course of study and  
44 training, nor nursing performed in hospitals, institutions and  
45 agencies approved by the board for this purpose by graduates of  
46 such schools pending the results of the first licensing examination  
47 scheduled by the board following completion of a course of study  
48 and training and the attaining of age qualification for examination,

1 or thereafter with the approval of the board in the case of each  
2 individual pending results of subsequent examinations; nor shall  
3 any of said terms be construed to include nursing performed for a  
4 period not exceeding 12 months unless the board shall approve a  
5 longer period, in hospitals, institutions or agencies by a nurse  
6 legally qualified under the laws of another state or country, pending  
7 results of an application for licensing under this act, if such nurse  
8 does not represent or hold himself or herself out as a nurse licensed  
9 to practice under this act; nor shall any of said terms be construed to  
10 include the practice of nursing in this State by any legally qualified  
11 nurse of another state whose engagement made outside of this State  
12 requires such nurse to accompany and care for the patient while in  
13 this State during the period of such engagement, not to exceed six  
14 months in this State, if such nurse does not represent or hold  
15 himself or herself out as a nurse licensed to practice in this State;  
16 nor shall any of said terms be construed to include nursing  
17 performed by employees or officers of the United States  
18 Government or any agency or service thereof while in the discharge  
19 of his or her official duties; nor shall any of said terms be construed  
20 to include services performed by nurses aides, attendants, orderlies  
21 and ward helpers in hospitals, institutions and agencies or by  
22 technicians, physiotherapists, or medical secretaries, and such  
23 duties performed by said persons aforementioned shall not be  
24 subject to rules or regulations which the board may prescribe  
25 concerning nursing; nor shall any of said terms be construed to  
26 include first aid nursing assistance, or gratuitous care by friends or  
27 members of the family of a sick or infirm person, or incidental care  
28 of the sick by a person employed primarily as a domestic or  
29 housekeeper, notwithstanding that the occasion for such  
30 employment may be sickness, if such incidental care does not  
31 constitute professional nursing and such person does not claim or  
32 purport to be a licensed nurse; nor shall any of said terms be  
33 construed to include services rendered in accordance with the  
34 practice of the religious tenets of any well-recognized church or  
35 denomination which subscribes to the art of healing by prayer. A  
36 person who is otherwise qualified shall not be denied licensure as a  
37 professional nurse or practical nurse by reason of the circumstances  
38 that such person is in religious life and has taken a vow of poverty.

39 c. "Homemaker-home health aide" means a person who is  
40 employed by a home care services agency and who is performing  
41 delegated nursing regimens or nursing tasks delegated through the  
42 authority of a duly licensed registered professional nurse. No  
43 homemaker-home health aide shall follow a delegated nursing  
44 regimen or perform tasks which are delegated unless the  
45 homemaker-home health aide is under the supervision of a duly  
46 licensed registered professional nurse provided by the home care  
47 services agency that directly employs the homemaker-home health  
48 aide. "Home care services agency" means home health agencies,

1 assisted living residences, comprehensive personal care homes,  
2 assisted living programs or alternate family care sponsor agencies  
3 licensed by the Department of Health pursuant to P.L.1971, c.136  
4 (C.26:2H-1 et al.), nonprofit homemaker-home health aide  
5 agencies, and health care service firms regulated by the Director of  
6 the Division of Consumer Affairs in the Department of Law and  
7 Public Safety and the Attorney General pursuant to P.L.1989, c.331  
8 (C.34:8-43 et seq.) and P.L.1960, c.39 (C.56:8-1 et seq.)  
9 respectively, which are engaged in the business of procuring or  
10 offering to procure employment for homemaker-home health aides,  
11 where a fee may be exacted, charged or received directly or  
12 indirectly for procuring or offering to procure that employment.

13 d. "Advanced practice nurse" means a person who holds a  
14 certification in accordance with section 8 or 9 of P.L.1991, c.377  
15 (C.45:11-47 or 45:11-48).

16 e. "Collaborating **physician** provider" means a **person**  
17 physician licensed to practice medicine and surgery pursuant to  
18 chapter 9 of Title 45 of the Revised Statutes **who agrees to work**  
19 **with** or an advanced practice nurse issued a certification pursuant  
20 to section 8 or 9 of P.L.1991, c.377 (C.45:11-47 or C.45:11-48)  
21 with more than 24 months or 2,400 hours of licensed, active,  
22 advanced nursing practice in an initial role.

23 f. "APN-Anesthesia" or "Certified Registered Nurse  
24 Anesthetist" means an advanced practice nurse licensed to practice  
25 as an APN-Anesthesia in accordance with the requirements  
26 established by the board for licensure as an APN-Anesthesia.

27 Nothing in this act shall confer the authority to a person licensed  
28 to practice nursing to practice another health profession as currently  
29 defined in Title 45 of the Revised Statutes.

30 (cf: P.L.2019, c.48, s.2)

31

32 3. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to  
33 read as follows:

34 10. a. In addition to all other tasks which a registered  
35 professional nurse may, by law, perform, an advanced practice  
36 nurse may manage preventive care services **and** diagnose,  
37 monitor, and manage deviations from wellness and long-term  
38 illnesses, and administer local anesthesia and conscious sedation,  
39 consistent with the needs of the patient and within the defined scope  
40 of practice of **the** that advanced practice nurse, by:

41 (1) initiating laboratory and other diagnostic tests;

42 (2) prescribing, authorizing, or ordering medications and  
43 devices, as authorized by subsections **b. and c.** g. or h. of this  
44 section; **and**

45 (3) prescribing or ordering treatments, including referrals to  
46 other licensed health care professionals, and performing specific

1 procedures in accordance with the provisions of this **【subsection】**  
2 section; and

3 (4) administering general anesthesia, major regional anesthesia,  
4 neuraxial anesthesia, and minor conduction blocks, within the  
5 specific scope of practice of APN-Anesthesia, as authorized by  
6 subsection i. of this section.

7 b. **【An advanced practice nurse may order medications and**  
8 **devices in the inpatient setting, subject to the following conditions:**

9 (1) the collaborating physician and advanced practice nurse  
10 shall address in the joint protocols whether prior consultation with  
11 the collaborating physician is required to initiate an order for a  
12 controlled dangerous substance;

13 (2) the order is written in accordance with standing orders or  
14 joint protocols developed in agreement between a collaborating  
15 physician and the advanced practice nurse, or pursuant to the  
16 specific direction of a physician;

17 (3) the advanced practice nurse authorizes the order by signing  
18 the nurse's own name, printing the name and certification number,  
19 and printing the collaborating physician's name;

20 (4) the physician is present or readily available through  
21 electronic communications;

22 (5) the charts and records of the patients treated by the advanced  
23 practice nurse are reviewed by the collaborating physician and the  
24 advanced practice nurse within the period of time specified by rules  
25 adopted by the Commissioner of Health pursuant to section 13 of  
26 P.L.1991, c.377 (C.45:11-52);

27 (6) the joint protocols developed by the collaborating physician  
28 and the advanced practice nurse are reviewed, updated, and signed  
29 at least annually by both parties; and

30 (7) the advanced practice nurse has completed six contact hours  
31 of continuing professional education in pharmacology related to  
32 controlled substances, including pharmacologic therapy, addiction  
33 prevention and management, and issues concerning prescription  
34 opioid drugs, including responsible prescribing practices,  
35 alternatives to opioids for managing and treating pain, and the risks  
36 and signs of opioid abuse, addiction, and diversion, in accordance  
37 with regulations adopted by the New Jersey Board of Nursing. The  
38 six contact hours shall be in addition to New Jersey Board of  
39 Nursing pharmacology education requirements for advanced  
40 practice nurses related to initial certification and recertification of  
41 an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.  
42 (Deleted by amendment, P.L. \_\_\_\_\_, c. \_\_\_\_\_) (pending before the  
43 Legislature as this bill)

44 c. **【An advanced practice nurse may prescribe medications and**  
45 **devices in all other medically appropriate settings, subject to the**  
46 **following conditions:**

47 (1) the collaborating physician and advanced practice nurse  
48 shall address in the joint protocols whether prior consultation with

- 1 the collaborating physician is required to initiate a prescription for a  
2 controlled dangerous substance;
- 3 (2) the prescription is written in accordance with standing orders  
4 or joint protocols developed in agreement between a collaborating  
5 physician and the advanced practice nurse, or pursuant to the  
6 specific direction of a physician;
- 7 (3) the advanced practice nurse writes the prescription on a New  
8 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40  
9 et seq.), signs the nurse's own name to the prescription and prints  
10 the nurse's name and certification number;
- 11 (4) the prescription is dated and includes the name of the patient  
12 and the name, address, and telephone number of the collaborating  
13 physician;
- 14 (5) the physician is present or readily available through  
15 electronic communications;
- 16 (6) the charts and records of the patients treated by the advanced  
17 practice nurse are periodically reviewed by the collaborating  
18 physician and the advanced practice nurse;
- 19 (7) the joint protocols developed by the collaborating physician  
20 and the advanced practice nurse are reviewed, updated, and signed  
21 at least annually by both parties; and
- 22 (8) the advanced practice nurse has completed six contact hours  
23 of continuing professional education in pharmacology related to  
24 controlled substances, including pharmacologic therapy, addiction  
25 prevention and management, and issues concerning prescription  
26 opioid drugs, including responsible prescribing practices,  
27 alternatives to opioids for managing and treating pain, and the risks  
28 and signs of opioid abuse, addiction, and diversion, in accordance  
29 with regulations adopted by the New Jersey Board of Nursing. The  
30 six contact hours shall be in addition to New Jersey Board of  
31 Nursing pharmacology education requirements for advanced  
32 practice nurses related to initial certification and recertification of  
33 an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.】  
34 (Deleted by amendment, P.L. , c. ) (pending before the  
35 Legislature as this bill)
- 36 d. 【The joint protocols employed pursuant to subsections b.  
37 and c. of this section shall conform with standards adopted by the  
38 Director of the Division of Consumer Affairs pursuant to section 12  
39 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85  
40 (C.45:11-49.2), as applicable.】 (Deleted by amendment, P.L. ,  
41 c. ) (pending before the Legislature as this bill)
- 42 e. (Deleted by amendment, P.L.2004, c.122.)
- 43 f. An attending advanced practice nurse may determine and  
44 certify the cause of death of the nurse's patient and execute the  
45 death certification pursuant to R.S.26:6-8 if no 【collaborating】  
46 physician is available to do so and the nurse is the patient's primary  
47 caregiver.

1 g. An advanced practice nurse may authorize qualifying  
2 patients for the medical use of cannabis and issue written  
3 instructions for medical cannabis to registered qualifying patients,  
4 subject to the following conditions:

5 (1) the collaborating physician and advanced practice nurse  
6 shall address in the joint protocols whether prior consultation with  
7 the collaborating physician is required to authorize a qualifying  
8 patient for the medical use of cannabis or issue written instructions  
9 for medical cannabis;

10 (2) the authorization for the medical use of cannabis or issuance  
11 of written instructions for cannabis is in accordance with standing  
12 orders or joint protocols developed in agreement between a  
13 collaborating physician and the advanced practice nurse, or  
14 pursuant to the specific direction of a physician;

15 (3) the advanced practice nurse signs the nurse's own name to  
16 the authorization or written instruction and prints the nurse's name  
17 and certification number;

18 (4) the authorization or written instruction is dated and includes  
19 the name of the qualifying patient and the name, address, and  
20 telephone number of the collaborating physician;

21 (5) the physician is present or readily available through  
22 electronic communications;

23 (6) the charts and records of qualifying patients treated by the  
24 advanced practice nurse are periodically reviewed by the  
25 collaborating physician and the advanced practice nurse;

26 (7) the joint protocols developed by the collaborating physician  
27 and the advanced practice nurse are reviewed, updated, and signed  
28 at least annually by both parties; and

29 (8) the advanced practice nurse complies with the requirements  
30 for authorizing qualifying patients for the medical use of cannabis  
31 and for issuing written instructions for medical cannabis established  
32 pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).

33 h. An advanced practice nurse may order medications and  
34 devices, subject to the following conditions:

35 (1) The advanced practice nurse shall issue a prescription on a  
36 New Jersey Prescription Blank in accordance with the provisions of  
37 P.L.2003, c.280 (C.45:14-40 et seq.), and include on the  
38 prescription blank the advanced practice nurse's signature, printed  
39 name, certification number, and patient information, and any other  
40 information required pursuant to regulations adopted by the New  
41 Jersey Board of Nursing;

42 (2) The advanced practice nurse shall have completed six  
43 contact hours of continuing professional education in pharmacology  
44 related to controlled substances, including pharmacologic therapy  
45 and addiction prevention and management, in accordance with  
46 regulations adopted by the New Jersey Board of Nursing. The six  
47 contact hours shall be in addition to New Jersey Board of Nursing  
48 pharmacology education requirements for advanced practice nurses



1 related to initial certification and recertification of an advanced  
2 practice nurse as set forth in regulations adopted by the New Jersey  
3 Board of Nursing;

4 (3) The advance practice nurse shall have completed 10 contact  
5 hours of continuing professional education in pharmacology each  
6 biennial period, in accordance with regulations adopted by the New  
7 Jersey Board of Nursing. The 10 contact hours shall be in addition  
8 to New Jersey Board of Nursing requirements for renewal of a  
9 registered professional nursing license, as set forth in regulations  
10 adopted by the board; and

11 (4) An advanced practice nurse with fewer than 24 months or  
12 2,400 hours of licensed, active, advanced nursing practice in an  
13 initial role shall have a joint protocol with a collaborating provider.  
14 The joint protocol shall be required only with respect to prescribing  
15 medications. An advanced practice nurse subject to this paragraph  
16 shall maintain signed and dated copies of all required joint  
17 protocols, and shall notify the board that the requirements of this  
18 paragraph have been met.

19 i. Notwithstanding the provisions of any other law or  
20 regulation to the contrary, an advanced practice nurse who is an  
21 APN-Anesthesia and who has completed either 24 months or 2,400  
22 hours of licensed, active advanced practice nursing practice  
23 providing anesthesia services to patients in an initial role shall be  
24 authorized to practice as an APN-Anesthesia to the fullest extent of  
25 the authorized scope of practice for APN-Anesthesia permitted by  
26 the Board of Nursing, without any requirement for supervision by a  
27 licensed physician or dentist and without any requirement that the  
28 APN-Anesthesia enter into joint protocols with a licensed physician  
29 or dentist.

30 j. Notwithstanding the provisions of any other law or  
31 regulation to the contrary, an advanced practice nurse with greater  
32 than 24 months or 2,400 hours of licensed, active, advanced nursing  
33 practice shall be authorized to practice without a joint protocol with  
34 a collaborating provider.

35 k. Any provision of State law or regulation that requires the  
36 signature, stamp, verification, affidavit, or endorsement of a  
37 physician shall be deemed to require the signature, stamp,  
38 verification, affidavit, or endorsement of a physician or an advanced  
39 practice nurse, to the extent consistent with the scope of practice of  
40 an advanced practice nurse.

41 (cf: P.L.2019, c.153, s.47)

42

43 4. Section 13 of P.L.2017, c.341 (C.45:11-49.3) is amended to  
44 read as follows:

45 13. a. Notwithstanding any other provision of law or regulation  
46 to the contrary, an advanced practice nurse may dispense narcotic  
47 drugs for maintenance treatment or detoxification treatment if the  
48 advanced practice nurse has met the training and registration

1 requirements set forth in subsection (g) of 21 U.S.C. s.823. **【An**  
2 advanced practice nurse who is authorized to dispense such drugs  
3 may do so regardless of whether the advanced practice nurse's  
4 collaborating physician has met the training and registration  
5 requirements set forth in subsection (g) of 21 U.S.C. s.823,  
6 provided that the joint protocol established by the advanced practice  
7 nurse and the collaborating physician include the collaborating  
8 physician's written approval for the advanced practice nurse to  
9 dispense the drugs.】

10 b. Notwithstanding any other provision of law or regulation to  
11 the contrary, an advanced practice nurse **【**, under the joint protocol  
12 established by the advanced practice nurse and the collaborating  
13 physician,**】** may make the determination as to the medical necessity  
14 for services for the treatment of substance use disorder, as provided  
15 in P.L.2017, c.28 (C.17:48-6nn et al.), and may prescribe such  
16 services.

17 (cf: P.L.2017, c.341, s.13)

18

19 5. Section 11 of P.L.1991, c.377 (C.45:11-50) is amended to  
20 read as follows:

21 11. In addition to such other powers as it may by law possess,  
22 the New Jersey Board of Nursing shall have the following powers  
23 and duties **【;】** :

24 a. To promulgate, pursuant to the “Administrative Procedure  
25 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), rules and regulations to  
26 effectuate the purposes of **【**this act, except for those subjects of  
27 rule-making authority allocated to the Director of the Division of  
28 Consumer Affairs pursuant to section 12 of P.L.1991,  
29 c.377 (C.45:11-51) or to the Commissioner of Health and Senior  
30 Services pursuant to section 13 of P.L.1991, c.377 (C.45:11-52)**】**  
31 P.L.1991, c.377 (C.45:11-45 et al.);

32 b. To evaluate and pass upon the qualifications of candidates  
33 for certification as advanced practice nurses;

34 c. To evaluate and pass upon national accreditation  
35 organizations and the holders of certificates from those  
36 organizations as necessary to award certificates pursuant to section  
37 9 of P.L.1991, c.377 (C.45:11-48);

38 d. To establish specialty areas of practice for advanced practice  
39 nurses;

40 e. To take disciplinary action, in accordance with P.L.1978,  
41 c.73 (C.45:1-14 et seq.), against an advanced practice nurse who  
42 violates the provisions of **【**this act**】** P.L.1991, c.377 (C.45:11-45 et  
43 al.), any regulation promulgated thereunder, or P.L.1978, c.73  
44 (C.45:1-14 et seq.);

45 f. To approve the examination to be taken by candidates for  
46 certification;

- 1 g. To set standards of professional conduct for advanced  
2 practice nurses;
- 3 h. To set fees for examinations, certification, and other services  
4 consistent with section 2 of P.L.1974, c.46 (C.45:1-3.2);
- 5 i. To set standards for and approve continuing education  
6 programs; and
- 7 j. To determine whether the requirements of another state with  
8 respect to certification as an advanced practice nurse are  
9 substantially equivalent to those of this State in accordance with  
10 subsection c. of section 8 of P.L.1991, c.377 (C.45:11-47).  
11 (cf: P.L.1999, c.85, s.8)  
12
- 13 6. (New section) The Board of Nursing and the Commissioner  
14 of Health shall each adopt, pursuant to the "Administrative  
15 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), such rules  
16 and regulations as shall be necessary to implement the provisions of  
17 this act.  
18
- 19 7. The following sections are repealed:  
20 Section 10 of P.L.1999, c.85 (C.45:11-49.2);  
21 Section 12 of P.L.1991, c.377 (C.45:11-51); and  
22 Section 13 of P.L.1991, c.377 (C.45:11-52).  
23
- 24 8. This act shall take effect on the first day of the fourth month  
25 next following the date of enactment.  
26  
27

28 STATEMENT  
29

30 This bill eliminates practice restrictions for advanced practice  
31 nurses (APNs), including restrictions that limit the ability of APNs  
32 to prescribe medications and administer anesthesia, and establishes  
33 new requirements for APNs to prescribe medications.

34 The bill expressly provides that, notwithstanding the provisions  
35 of any other law or regulation to the contrary, an APN with greater  
36 than 24 months or 2,400 hours of licensed, active, advanced nursing  
37 practice will be authorized to practice without a joint protocol with  
38 a collaborating provider.

39 With regard to prescribing medications, the bill requires the use  
40 of New Jersey Prescription Blanks and satisfying continuing  
41 professional education requirements related to pharmacology and  
42 prescribing controlled substances. An APN with fewer than 24  
43 months or 2,400 hours of licensed, active, advanced nursing  
44 practice in an initial role will be permitted to prescribe medication  
45 only if a formal joint protocol with a physician or experienced  
46 advanced practice nurse is in place.

47 The bill revises the requirements for APNs to authorize patients  
48 for medical cannabis and to issue written instructions for medical

1 cannabis, to provide that the APN will only be required to meet the  
2 requirements set forth under the “Jake Honig Compassionate Use  
3 Medical Cannabis Act,” P.L.2009, c.307 (C.24:6I-1 et al.). Those  
4 requirements include: possessing active State and federal  
5 registrations to prescribe controlled dangerous substances; being the  
6 health care practitioner responsible for the ongoing treatment of a  
7 patient's qualifying medical condition; and complying with various  
8 other requirements for issuing written instructions for medical  
9 cannabis.

10 The bill further provides that every APN who is an APN-  
11 Anesthesia and who has completed 24 months or 2,400 hours of  
12 licensed, active, advanced nursing practice in an initial role will be  
13 authorized to practice as an APN-Anesthesia to the full scope of  
14 practice for APNs-Anesthesia, without any requirement for  
15 supervision by a licensed physician and without any requirement  
16 that the APN-Anesthesia enter into joint protocols with a licensed  
17 physician.

18 The bill provides that any State law or regulation that requires  
19 the signature or similar endorsement of a physician will be deemed  
20 to require the same of an APN, to the extent consistent with an  
21 APN's scope of practice.

22 The bill revises and repeals certain sections of law that are  
23 obviated by the changes made under the bill.