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SYNOPSIS
Eliminates certain practice restrictions for advanced practice nurses.

CURRENT VERSION OF TEXT
As introduced.
AN ACT concerning advanced practice nurses, revising various parts
of the statutory law, and supplementing P.L.1991, c.377
(C.45:11-45 et al.).

BE IT ENACTED by the Senate and General Assembly of the State
of New Jersey:

1. (New section) The Legislature finds and declares that:
   a. Advanced practice nurses are registered nurses who are
certified to provide an advanced level of health care to patients that
exceeds the standard scope of nursing practice.
   b. Advanced practice nurses augment the system of care in
New Jersey and nationwide by providing treatment services at a
level that can relieve some of the demand on physicians, of whom
there is a chronic shortage, and expedite access to care for patients,
including those in medically underserved areas and among
medically underserved populations.
   c. Studies suggest that approximately one quarter of the
population of the United States lives in an area with a shortage of
primary care professionals. Limited access to care is frequently
worse among racial and ethnic minorities, people with low incomes,
and individuals for whom a lack of transportation creates logistical
barriers to health care.
   d. One way to reduce gaps in health care access is to allow full
practice authority for advanced practice nurses, over 75 percent of
whom are educated in a primary care specialty and can directly
improve access to both primary care services and specialty care
services.
   e. Currently, 24 states, the District of Columbia, and two U.S.
territories have adopted full practice authority for advanced practice
nurses. The requirement to practice in collaboration with a
physician limits the ability of advanced practice nurses to provide
primary care and specialty care services, and has been associated
with advanced practice nurses leaving New Jersey for other
jurisdictions with fewer practice restrictions.
   f. It has been estimated that removing practice restrictions for
advanced practice nurses has the potential to reduce health care
access disparities by a factor of more than 38 percent.
   g. In response to the coronavirus disease 2019 (COVID-19)
pandemic, Governor Murphy issued Executive Order No. 112,
which, among other things, directly and through waivers issued
pursuant to its authority, waived existing practice restrictions for
advanced practice nurses, including joint protocol and supervision
requirements.
   h. According to surveys, over 45 percent of advanced practice
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.
as authorized under Executive Order No. 112 and the waivers
issued pursuant to the executive order. No adverse incidents were
reported during the waiver period involving advanced practice
nurses practicing without practice restrictions.

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

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

1. As used in this act:
   a. The words "the board" mean the New Jersey Board of
      Nursing created by this act.
   b. The practice of nursing as a registered professional nurse is
defined as diagnosing and treating human responses to actual or
potential physical and emotional health problems, through such
services as casefinding, health teaching, health counseling, and
provision of care supportive to or restorative of life and well-being,
and executing medical regimens as prescribed by a licensed or
otherwise legally authorized physician or dentist. Diagnosing in the
context of nursing practice means the identification of and
discrimination between physical and psychosocial signs and
symptoms essential to effective execution and management of the
nursing regimen within the scope of practice of the registered
professional nurse. Such diagnostic privilege is distinct from a
medical diagnosis. Treating means selection and performance of
those therapeutic measures essential to the effective management
and execution of the nursing regimen. Human responses means
those signs, symptoms, and processes which denote the individual's
health need or reaction to an actual or potential health problem.

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

The terms "nursing," "professional nursing," and "practical
nursing" as used in this act shall not be construed to include nursing
by students enrolled in a school of nursing accredited or approved
by the board performed in the prescribed course of study and
training, nor nursing performed in hospitals, institutions and
agencies approved by the board for this purpose by graduates of
such schools pending the results of the first licensing examination
scheduled by the board following completion of a course of study
and training and the attaining of age qualification for examination,
or thereafter with the approval of the board in the case of each
individual pending results of subsequent examinations; nor shall
any of said terms be construed to include nursing performed for a
period not exceeding 12 months unless the board shall approve a
longer period, in hospitals, institutions or agencies by a nurse
legally qualified under the laws of another state or country, pending
results of an application for licensing under this act, if such nurse
does not represent or hold himself or herself out as a nurse licensed
to practice under this act; nor shall any of said terms be construed to
include the practice of nursing in this State by any legally qualified
nurse of another state whose engagement made outside of this State
requires such nurse to accompany and care for the patient while in
this State during the period of such engagement, not to exceed six
months in this State, if such nurse does not represent or hold
himself or herself out as a nurse licensed to practice in this State;
nor shall any of said terms be construed to include nursing
performed by employees or officers of the United States
Government or any agency or service thereof while in the discharge
of his or her official duties; nor shall any of said terms be construed
to include services performed by nurses aides, attendants, orderlies
and ward helpers in hospitals, institutions and agencies or by
technicians, physiotherapists, or medical secretaries, and such
duties performed by said persons aforementioned shall not be
subject to rules or regulations which the board may prescribe
concerning nursing; nor shall any of said terms be construed to
include first aid nursing assistance, or gratuitous care by friends or
members of the family of a sick or infirm person, or incidental care
of the sick by a person employed primarily as a domestic or
housekeeper, notwithstanding that the occasion for such
employment may be sickness, if such incidental care does not
constitute professional nursing and such person does not claim or
purport to be a licensed nurse; nor shall any of said terms be
construed to include services rendered in accordance with the
practice of the religious tenets of any well-recognized church or
denomination which subscribes to the art of healing by prayer. A
person who is otherwise qualified shall not be denied licensure as a
professional nurse or practical nurse by reason of the circumstances
that such person is in religious life and has taken a vow of poverty.

"Homemaker-home health aide” means a person who is
employed by a home care services agency and who is performing
delegated nursing regimens or nursing tasks delegated through the
authority of a duly licensed registered professional nurse. No
homemaker-home health aide shall follow a delegated nursing
regimen or perform tasks which are delegated unless the
homemaker-home health aide is under the supervision of a duly
licensed registered professional nurse provided by the home care
services agency that directly employs the homemaker-home health
aide. "Home care services agency” means home health agencies,
assisted living residences, comprehensive personal care homes, assisted living programs or alternate family care sponsor agencies licensed by the Department of Health pursuant to P.L.1971, c.136 (C.26:2H-1 et al.), nonprofit homemaker-home health aide agencies, and health care service firms regulated by the Director of the Division of Consumer Affairs in the Department of Law and Public Safety and the Attorney General pursuant to P.L.1989, c.331 (C.34:8-43 et seq.) and P.L.1960, c.39 (C.56:8-1 et seq.) respectively, which are engaged in the business of procuring or offering to procure employment for homemaker-home health aides, where a fee may be exacted, charged or received directly or indirectly for procuring or offering to procure that employment.


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

f. "APN-Anesthesia" or “Certified Registered Nurse Anesthetist” means an advanced practice nurse licensed to practice as an APN-Anesthesia in accordance with the requirements established by the board for licensure as an APN-Anesthesia. Nothing in this act shall confer the authority to a person licensed to practice nursing to practice another health profession as currently defined in Title 45 of the Revised Statutes.

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

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

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

   (1) initiating laboratory and other diagnostic tests;

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

   (3) prescribing or ordering treatments, including referrals to other licensed health care professionals, and performing specific
procedures in accordance with the provisions of this [subsection] section; and
(4) administering general anesthesia, major regional anesthesia, neuraxial anesthesia, and minor conduction blocks, within the specific scope of practice of APN-Anesthesia, as authorized by subsection i. of this section.

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

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

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

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

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

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

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

(7) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy, addiction prevention and management, and issues concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.]

(Deleted by amendment, P.L. , c. ) (pending before the Legislature as this bill)

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

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

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

(3) the advanced practice nurse writes the prescription on a New
Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
et seq.), signs the nurse’s own name to the prescription and prints
the nurse’s name and certification number;

(4) the prescription is dated and includes the name of the patient
and the name, address, and telephone number of the collaborating
physician;

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

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

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

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

d. [The joint protocols employed pursuant to subsections b.
and c. of this section shall conform with standards adopted by the
Director of the Division of Consumer Affairs pursuant to section 12
(C.45:11-49.2), as applicable.] (Deleted by amendment, P.L.
,c.) (pending before the Legislature as this bill)
e. (Deleted by amendment, P.L.2004, c.122.)
f. An attending advanced practice nurse may determine and
certify the cause of death of the nurse's patient and execute the
death certification pursuant to R.S.26:6-8 if no [collaborating]
physician is available to do so and the nurse is the patient's primary
caregiver.
g. An advanced practice nurse may authorize qualifying patients for the medical use of cannabis and issue written instructions for medical cannabis to registered qualifying patients, subject to the following conditions:

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

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

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

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

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

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

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

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

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

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

(2) The advanced practice nurse shall have completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses.
related to initial certification and recertification of an advanced
practice nurse as set forth in regulations adopted by the New Jersey
Board of Nursing;

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

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

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

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

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

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

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

13. a. Notwithstanding any other provision of law or regulation to the contrary, an advanced practice nurse may dispense narcotic drugs for maintenance treatment or detoxification treatment if the advanced practice nurse has met the training and registration
An advanced practice nurse who is authorized to dispense such drugs may do so regardless of whether the advanced practice nurse's collaborating physician has met the training and registration requirements set forth in subsection (g) of 21 U.S.C. s.823, provided that the joint protocol established by the advanced practice nurse and the collaborating physician include the collaborating physician's written approval for the advanced practice nurse to dispense the drugs.

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

cf: P.L.2017, c.341, s.13

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

11. In addition to such other powers as it may by law possess, the New Jersey Board of Nursing shall have the following powers and duties:

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

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

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

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

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

f. To approve the examination to be taken by candidates for certification;
g. To set standards of professional conduct for advanced practice nurses;

h. To set fees for examinations, certification, and other services consistent with section 2 of P.L.1974, c.46 (C.45:1-3.2);

i. To set standards for and approve continuing education programs; and

j. To determine whether the requirements of another state with respect to certification as an advanced practice nurse are substantially equivalent to those of this State in accordance with subsection c. of section 8 of P.L.1991, c.377 (C.45:11-47).

(cf: P.L.1999, c.85, s.8)

6. (New section) The Board of Nursing and the Commissioner of Health shall each adopt, pursuant to the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), such rules and regulations as shall be necessary to implement the provisions of this act.

7. The following sections are repealed:

   Section 10 of P.L.1999, c.85 (C.45:11-49.2);
   Section 12 of P.L.1991, c.377 (C.45:11-51); and

8. This act shall take effect on the first day of the fourth month next following the date of enactment.

STATEMENT

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

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

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

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

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

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

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