

ASSEMBLY, No. 944

STATE OF NEW JERSEY

221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

Sponsored by:

Assemblywoman NANCY F. MUNOZ

District 21 (Middlesex, Morris, Somerset and Union)

Assemblyman WILLIAM W. SPEARMAN

District 5 (Camden and Gloucester)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Co-Sponsored by:

Assemblywomen Reynolds-Jackson, Sumter, Lopez, Assemblymen Moen, DeAngelo, Stanley, Assemblywoman Murphy, Assemblymen DePhillips, Clifton, Karabinchak, Scharfenberger, Assemblywomen Dunn, Speight, Assemblyman Atkins, Assemblywomen Carter, Haider, Assemblyman Sauickie, Assemblywoman Park, Assemblymen Wimberly, Barlas, Miller, Calabrese, Bailey, Schnall, Assemblywoman Katz, Assemblyman Rodriguez, Assemblywomen Ramirez and Hall

SYNOPSIS

Eliminates certain practice restrictions for advanced practice nurses.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 5/2/2024)

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,
41 P.L. , 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 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.