ASSEMBLY, No. 4655

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED JUNE 25, 2024

Sponsored by:
Assemblywoman SHANIQUE SPEIGHT
District 29 (Essex and Hudson)
Assemblywoman LUANNE M. PETERPAUL
District 11 (Monmouth)
Assemblywoman GARNET R. HALL
District 28 (Essex and Union)

Co-Sponsored by:
Assemblywoman Drulis, Assemblyman Verrelli, Assemblywomen Park, Ramirez and Haider

SYNOPSIS

Codifies authority for certain health care providers to provide abortions and clarifies certain operational requirements for abortion facilities.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 3/6/2025)

AN ACT concerning abortion, amending P.L.1991, c.378 and P.L.1971, c.136, and supplementing Title 45 of the Revised Statutes.

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. Targeted restrictions on abortion providers, also referred to as TRAP laws, are medically unnecessary restrictions on abortion providers that are implemented to make delivering and accessing healthcare more difficult.

b. TRAP laws are common in states hostile to abortion; however, New Jersey still has not updated statutory law to expressly address these restrictions.

c. Many of these outdated restrictions have already been revised through regulation by the Board of Medical Examiner, so New Jersey Legislature must now solidify those updated regulations into statute in order to secure access to abortion and all reproductive healthcare now and in the future.

d. Medically unnecessary facility requirements increase the cost of healthcare delivery, create burdensome barriers to patients trying to access abortion care, and require the New Jersey Department of Health staff to enforce regulations that do not improve or promote patient health. Removing unnecessary requirements would increase and ease access to reproductive health care and allow providers to focus their resources on the needs of their patients.

e. Expanding the type of health care providers who can provide abortion services is critical to increasing access to safe, timely, affordable and respectful abortion care.

f. Through regulation, this expansion has already been in effect in the State since 2021 allowing tens of thousands of medical professionals to be trained to provide abortion services.

g. Therefore, it is in the best interest of the State to codify the expansion of the types of health care providers who can provide abortions in the State in order to ensure that people can access affordable, high quality health care in their own communities by a provider of their choice and to meet the current and increasing unmet need for abortion and other reproductive health services and to ensure access to reproductive health care in New Jersey.

2. Section 12 of P.L.2017, c.136 (C.26: 2H-12) is amended to read as follows:

12. a. No health care service or health care facility shall be operated unless it shall: (1) possess a valid license issued pursuant to

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 <u>thus</u> is new matter.

this act, which license shall specify the kind or kinds of health care services the facility is authorized to provide; (2) establish and maintain a uniform system of cost accounting approved by the commissioner; (3) establish and maintain a uniform system of reports and audits meeting the requirements of the commissioner; (4) prepare and review annually a long range plan for the provision of health care services; and (5) establish and maintain a centralized, coordinated system of discharge planning which assures every patient a planned program of continuing care and which meets the requirements of the commissioner which requirements shall, where feasible, equal or exceed those standards and regulations established by the federal government for all federally-funded health care facilities but shall not require any person who is not in receipt of State or federal assistance to be discharged against his will.

b. (1) Application for a license for a health care service or health care facility shall be made upon forms prescribed by the department. The department shall charge a single, nonrefundable fee for the filing of an application for and issuance of a license and a single, nonrefundable fee for any renewal thereof, and a single, nonrefundable fee for a biennial inspection of the facility, as it shall from time to time fix in rules or regulations; provided, however, that no such licensing fee shall exceed $10,000 in the case of a hospital and $4,000 in the case of any other health care facility for all services provided by the hospital or other health care facility, and no such inspection fee shall exceed $5,000 in the case of a hospital and $2,000 in the case of any other health care facility for all services provided by the hospital or other health care facility. No inspection fee shall be charged for inspections other than biennial inspections. Any surgical practice required to apply for licensure by the department as an ambulatory care facility pursuant to P.L.2017, c.283 shall be exempt from the initial and renewal license fees required by this section. The application shall contain the name of the health care facility, the kind or kinds of health care service to be provided, the location and physical description of the institution, and such other information as the department may require.

(2) A license shall be issued by the department upon its findings that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care service are fit and adequate and there is reasonable assurance the health care facility will be operated in the manner required by this act and rules and regulations thereunder.

(3) The department shall post on its Internet website each inspection report prepared following an inspection of a residential health care facility, as defined in section 1 of P.L.1953, c.212 (C.30:11A-1) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), that is performed pursuant to this subsection, along with any other inspection report prepared by or on behalf of the department for such facility.

If an inspection reveals a serious health and safety violation at a residential health care facility, the department shall post the inspection report, including the name of the facility and the owner of the facility, on its website no later than 72 hours following the inspection. If a license of a residential health care facility is suspended, the department shall post the suspension on its website no later than 72 hours following the suspension. The department shall update its website to reflect the correction of a serious health and safety violation, and the lifting of a suspension.

The department shall notify, as soon as possible, the Commissioner of Human Services, or the commissioner's designee, and the director of the county board of social services or county welfare agency, as appropriate, in the county in which a residential health care facility is located, of a serious health and safety violation at the facility and of any suspension of a license to operate such facility.

If the inspection responsibilities under this subsection with respect to such facility are transferred or otherwise assigned to another department, that other department shall post on its Internet website each inspection report prepared following an inspection of such facility performed pursuant to this subsection, along with any other inspection report prepared by or on behalf of that department for such facility, and shall comply with the other requirements specified in this subsection.

c. (Deleted by amendment, P.L.1998, c.43)

d. The commissioner may amend a facility's license to reduce that facility's licensed bed capacity to reflect actual utilization at the facility if the commissioner determines that 10 or more licensed beds in the health care facility have not been used for at least the last two succeeding years. For the purposes of this subsection, the commissioner may retroactively review utilization at a facility for a two-year period beginning on January 1, 1990.

e. If a prospective applicant for licensure for a health care service or facility that is not subject to certificate of need review pursuant to P.L.1971, c.136 (C.26:2H-1 et al.) so requests, the department shall provide the prospective applicant with a pre-licensure consultation. The purpose of the consultation is to provide the prospective applicant with information and guidance on rules, regulations, standards and procedures appropriate and applicable to the licensure process. The department shall conduct the consultation within 60 days of the request of the prospective applicant.

f. Notwithstanding the provisions of any other law to the contrary, an entity that provides magnetic resonance imaging or computerized axial tomography services shall be required to obtain a license from the department to operate those services prior to commencement of services, except that a physician who is operating such services on the effective date of P.L.2004, c.54 shall have one year from the effective date of P.L.2004, c.54 to obtain the license.

g. (1) (Deleted by amendment, P.L.2017, c.283)

(2) (Deleted by amendment, P.L.2017, c.283)

(3) (Deleted by amendment, P.L.2017, c.283)

(4) A surgical practice in operation on the date of enactment of P.L.2017, c.283 shall be required to apply to the department for licensure as an ambulatory care facility licensed to provide surgical and related services within one year of the date of enactment of P.L.2017, c.283.

A surgical practice that is certified by the Centers for Medicare and Medicaid Services (CMS) shall not be required to meet the physical plant and functional requirements specified in N.J.A.C.8:43A-19.1 et seq. A surgical practice that is not Medicare certified, either by CMS or by any deeming authority recognized by CMS, but which has obtained accreditation from the American Association of Ambulatory Surgery Facilities or any accrediting body recognized by CMS and is in operation on the date of enactment of P.L.2017, c.283, shall not be required to meet the physical plant and functional requirements specified in N.J.A.C.8:43A-19.1 et seq. A surgical practice not in operation on the date of enactment of P.L.2017, c.283, if it is certified by CMS as an ambulatory surgery center provider, shall also be exempt from these requirements. A surgical practice required by this subsection to meet the physical plant and functional requirements specified in N.J.A.C.8:43A-19.1 et seq. may apply for a waiver of any such requirement in accordance with N.J.A.C.8:43A-2.9. The commissioner shall grant a waiver of those physical plant and functional requirements, as the commissioner deems appropriate, if the waiver does not endanger the life, safety, or health of patients or the public.

A surgical practice required to be licensed pursuant to this subsection shall be exempt from the ambulatory care facility assessment pursuant to section 7 of P.L.1992, c.160 (C.26:2H-18.57); except that, if the entity expands to include any additional room dedicated for use as an operating room, the entity shall be subject to the assessment.

(5) As used in this subsection and subsection i. of this section, "surgical practice" means a structure or suite of rooms that has the following characteristics:

(a) has no more than one room dedicated for use as an operating room which is specifically equipped to perform surgery, and is designed and constructed to accommodate invasive diagnostic and surgical procedures;

(b) has one or more post-anesthesia care units or a dedicated recovery area where the patient may be closely monitored and observed until discharged; and

(c) is established by a physician, physician professional association surgical practice, or other professional practice form specified by the State Board of Medical Examiners pursuant to

regulation solely for the physician's, association's, or other professional entity's private medical practice.

(6) Nothing in this subsection shall be construed to limit the State Board of Medical Examiners from establishing standards of care with respect to the practice of medicine.

h. An ambulatory care facility licensed to provide surgical and related services shall be required to obtain ambulatory care accreditation from an accrediting body recognized by the Centers for Medicare and Medicaid Services as a condition of licensure by the department.

An ambulatory care facility that is licensed to provide surgical and related services on the effective date of this section of P.L.2009, c.24 shall have one year from the effective date of this section of P.L.2009, c.24 to obtain ambulatory care accreditation.

i. Beginning on the effective date of this section of P.L.2009, c.24, and as provided in P.L.2017, c.283, the department shall not issue a new license to an ambulatory care facility to provide surgical and related services unless:

(1) in the case of a licensed facility in which a transfer of ownership of the facility is proposed, the commissioner reviews the qualifications of the new owner or owners and approves the transfer;

(2) (a) except as provided in subparagraph (b) of this paragraph, in the case of a licensed facility for which a relocation of the facility is proposed, the relocation is within 20 miles of the facility's current location or the relocation is to a "Health Enterprise Zone" designated pursuant to section 1 of P.L.2004, c.139 (C.54A:3-7), there is no expansion in the number of operating rooms provided at the new location from that of the current location, and the commissioner reviews and approves the relocation prior to its occurrence; or

(b) in the case of a licensed facility described in paragraph (5) or (6) of this subsection for which a relocation of the facility is proposed, the commissioner reviews and approves the relocation prior to its occurrence;

(3) the entity is a surgical practice required to be licensed pursuant to subsection g. of this section and meets the requirements of that subsection;

(4) the entity has filed its plans, specifications, and required documents with the Health Care Plan Review Unit of the Department of Community Affairs or the municipality in which the surgical practice or facility will be located, as applicable, on or before the 180th day following the effective date of this section of P.L.2009, c.24;

(5) the facility is owned jointly by a general hospital in this State and one or more other parties;

(6) the facility is owned by a hospital or medical school in this State, or the facility is owned by any hospital approved on or before the effective date of P.L.2015, c.305 to provide ambulatory surgery services in this State, or the facility is owned by a hospital which

applied on or before the effective date of P.L.2015, c.305 to provide ambulatory surgery services in this State so long as the hospital is later approved to provide ambulatory surgery services at the facility, or the facility is owned by any hospital approved to provide ambulatory surgery services at another facility in this State; or

(7) (a) the facility is a newly licensed ambulatory surgical facility that was created by combining two or more registered surgical practices, provided that the number of operating rooms at the newly licensed facility is not greater than the total number of operating rooms prior to the establishment of the newly licensed facility;

(b) the facility is a licensed ambulatory surgical facility that has expanded by combining with one or more registered surgical practices, provided that the number of operating rooms at the newly expanded facility is not greater than the total number of operating rooms prior to the combination of the practices and facility; or

(c) the facility is a licensed ambulatory surgical facility that has expanded through the combination of two or more licensed ambulatory surgical facilities, provided that the number of operating rooms at the newly expanded facility is not greater than the total number of operating rooms prior to the combining of the facilities.

Beginning on the effective date of P.L.2017, c.283, the department shall not issue a new registration to a surgical practice. Any surgical practice in operation on the effective date of P.L.2017, c.283 that proposes to relocate on or after the effective date of P.L.2017, c.283 shall be required to be licensed by the department as an ambulatory care facility providing surgical and related services pursuant to subsection g. of this section.

j. (Deleted by amendment, P.L.2017, c.283)

k. An ambulatory care facility licensed to provide surgical and related services and a surgical practice shall:

(1) report to the department any change in ownership of the facility within 30 days of the change in ownership; and

(2) annually report to the department the name of the facility's medical director, physician director, and physician director of anesthesia, as applicable, and the director of nursing services. The facility shall notify the department if there is any change in a named director within 30 days of the change of the director.

<u>l. (1) As used in this section, an “abortion facility” means an ambulatory care facility licensed by the Department of Health providing services that include, but are not limited to, procedures resulting in the termination of pregnancy. Such procedures include early aspiration abortions and other related minor procedures not requiring general anesthesia or the utilization of invasive surgical techniques, which shall not be classified as either major or minor surgery. Neither an ambulatory care facility nor a medical practice providing medication abortions, which involve only the prescription and administration of medications to induce termination of pregnancy, shall be classified as an abortion facility.</u>

(2) An abortion facility shall not be required to be an ambulatory surgical facility or a surgical practice license, to the extent that the facility performs abortion procedures that do not require general anesthesia or an operating room, and such services may be performed in procedure rooms, as defined by national architectural codes utilized by the Department of Health in the construction of health care facilities. Nothing in this section shall be construed to require a private professional office to be licensed as an ambulatory care facility or surgical practice solely because early aspiration abortions without anesthesia services are performed or medication abortions are offered at that office, or both, provided that nothing in this subsection shall be construed to excuse the health care professionals rendering those services in that private professional office from adhering to all applicable regulations with respect to the standard of care. An entity seeking licensure as an ambulatory care facility or a surgical practice at which early aspiration abortions, with or without anesthesia services, would be performed, shall not be subject to the limitations set forth at subsection i. of this section, so long as the facility or surgical practice adheres to all applicable regulations with respect to the standard of care.

(cf: P.L.2017, c.283, s.1)

3. Section 2 of P.L.1991, c.378 (C.45:9-27.11) is amended to read as follows:

2. As used in this act:

"Accredited program" means an education program for physician assistants which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agency.

"Aspiration abortion" means a procedure that terminates a pregnancy utilizing manual or electric suction to empty the uterus.

"Board" means the State Board of Medical Examiners created pursuant to R.S.45:9-1.

"Committee" means the Physician Assistant Advisory Committee established pursuant to section 11 of P.L.1991, c.378 (C.45:9-27.20).

"Director" means the Director of the Division of Consumer Affairs.

"Health care facility" means a health care facility as defined in section 2 of P.L.1971, c.136 (C.26:2H-2).

"Institution" means any of the charitable, hospital, relief and training institutions, noninstitutional agencies, and correctional institutions enumerated in R.S.30:1-7.

"Medication abortion" means the research-based use, prescription, order, dispensing, administration, or any combination thereof as applicable, of a medication or a combination of medications to induce termination of pregnancy.

"Physician assistant" means a health professional who meets the qualifications under P.L.1991, c.378 (C.45:9-27.10 et seq.) and holds

a current, valid license issued pursuant to section 4 of P.L.1991, c.378 (C.45:9-27.13).

"Physician" means a person licensed to practice medicine and surgery pursuant to chapter 9 of Title 45 of the Revised Statutes.

"Veterans' home" means the New Jersey Veterans' Memorial Home - Menlo Park, the New Jersey Veterans' Memorial Home - Vineland, and the New Jersey Veterans' Memorial Home - Paramus.
(cf: P.L.2015, c.224, s.1)

4. Section 7 of P.L.1991, c.378 (C.45:9-27.16) is amended to read as follows:

7. a. A physician assistant may perform the following procedures:

(1) Approaching a patient to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, record information, and interpret and present information to the supervising physician;

(2) Suturing and caring for wounds including removing sutures and clips and changing dressings, except for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;

(3) Providing patient counseling services and patient education consistent with directions of the supervising physician;

(4) Assisting a physician in an inpatient setting by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician, and compiling and recording pertinent narrative case summaries;

(5) Assisting a physician in the delivery of services to patients requiring continuing care in a private home, nursing home, extended care facility, or other setting, including the review and monitoring of treatment and therapy plans; and

(6) Referring patients to, and promoting their awareness of, health care facilities and other appropriate agencies and resources in the community.

(7) (Deleted by amendment, P.L.2015, c.224)

b. A physician assistant may perform the following procedures only when directed, ordered, or prescribed by the supervising physician, or when performance of the procedure is delegated to the physician assistant by the supervising physician as authorized under subsection d. of this section:

(1) Performing non-invasive laboratory procedures and related studies or assisting duly licensed personnel in the performance of invasive laboratory procedures and related studies;

(2) Giving injections, administering medications, and requesting diagnostic studies;

(3) Suturing and caring for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;

(4) Writing prescriptions or ordering medications in an inpatient or outpatient setting in accordance with section 10 of P.L.1991, c.378 (C.45:9-27.19);

(5) Prescribing the use of patient restraints; **[**and**]**

(6) Authorizing qualifying patients for the medical use of cannabis and issuing written instructions for medical cannabis to registered qualifying patients pursuant to P.L.2009, c.307 (C.24:6I-1 et al.)<u>; and</u>

<u>(7) Performing aspiration abortions consistent with the physician assistant's scope of practice, which shall include the administration of sedation consistent with the physician assistant's scope of practice and training</u>.

c. A physician assistant may assist a supervising surgeon in the operating room when a qualified assistant physician is not required by the board and a second assistant is deemed necessary by the supervising surgeon.

d. A physician assistant may perform medical services beyond those explicitly authorized in this section, when such services are delegated by a supervising physician with whom the physician assistant has signed a delegation agreement pursuant to section 8 of P.L.1991, c.378 (C.45:9-27.17). The procedures delegated to a physician assistant shall be limited to those customary to the supervising physician's specialty and within the supervising physician's and the physician assistant's competence and training.

e. Notwithstanding subsection d. of this section, a physician assistant shall not be authorized to measure the powers or range of human vision, determine the accommodation and refractive states of the human eye, or fit, prescribe, or adapt lenses, prisms, or frames for the aid thereof. Nothing in this subsection shall be construed to prohibit a physician assistant from performing a routine visual screening.

<u>f. Nothing in P.L.2021, c.375 (C.10:7-1 et seq.) shall effect or limit in anyway a physician assistant who is licensed, certified, or otherwise authorized by law to practice in this State from performing aspiration abortion, providing medication abortion, or managing the spontaneous termination of a pregnancy in accordance with the physician assistant's scope of practice and with any regulations promulgated by the State Board of Medical Examiners.</u>

(cf: P.L.2019, c.153, s.45)

5. Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended to read as follows:

10. A physician assistant may order, prescribe, dispense, and administer medications and medical devices<u>,</u> and issue written instructions to registered qualifying patients for medical cannabis to the extent delegated by a supervising physician.

a. Controlled dangerous substances may only be ordered or prescribed if:

(1) a supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV, or V controlled dangerous substances in order to:

(a) continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;

(b) otherwise adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;

(c) initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to subparagraph (d) of this paragraph; or

(d) initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician;

(2) the physician assistant has registered with, and obtained authorization to order or prescribe controlled dangerous substances from, the federal Drug Enforcement Administration and any other appropriate State and federal agencies; and

(3) the physician assistant complies with all requirements which the board shall establish by regulation for the ordering, prescription, or administration of controlled dangerous substances, all applicable educational program requirements, and continuing professional education programs approved pursuant to section 16 of P.L.1991, c.378 (C.45:9-27.25).

b. (Deleted by amendment, P.L.2015, c.224)

c. (Deleted by amendment, P.L.2015, c.224)

d. In the case of an order or prescription for a controlled dangerous substance or written instructions for medical cannabis, the physician assistant shall print on the order or prescription or the written instructions the physician assistant's Drug Enforcement Administration registration number.

e. The dispensing of medication or a medical device by a physician assistant shall comply with relevant federal and State regulations, and shall occur only if: (1) pharmacy services are not reasonably available; (2) it is in the best interest of the patient; or (3) the physician assistant is rendering emergency medical assistance.

f. A physician assistant may request, receive, and sign for prescription drug samples and may distribute those samples to patients.

g. A physician assistant may issue written instructions to a registered qualifying patient for medical cannabis pursuant to section 10 of P.L.2009, c.307 (C.24:6I-10) only if:

(1) a supervising physician has authorized the physician assistant to issue written instructions to registered qualifying patients;

(2) the physician assistant verifies the patient's status as a registered qualifying patient; and

(3) the physician assistant complies with the requirements for issuing written instructions for medical cannabis established pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).

h. A physician assistant may order, prescribe, dispense, and administer medication abortions.

(cf: P.L.2019, c.153, s.46)

6. (New section) a. A certified nurse midwife or certified midwife may perform aspiration abortions, which may include the administration of moderate sedation, consistent with the health care professional's scope of practice and training and consistent with regulations of the applicable licensing board.

b. A certified nurse midwife authorized to prescribe drugs pursuant to section 2 of P.L. 1991, c. 97 (C.45:10-18), may order, prescribe, dispense, and administer medication abortions.

c. A certified nurse midwife who is not authorized to prescribe drugs pursuant to section 2 of P.L. 1991, c. 97 (C.45:10-18) or a certified midwife may provide medication abortions if the use of the medication is authorized by a standing order issued by a physician.

d. Nothing in P.L.2021, c.375 (C.10:7-1 et seq.) shall effect or limit in anyway a certified nurse midwife or certified midwife who is licensed, certified, or otherwise authorized by law to practice in this State from performing aspiration abortion, providing medication abortion, or managing the spontaneous termination of a pregnancy in accordance with the certified nurse midwife or certified midwife's scope of practice and with any regulations promulgated by the State Board of Medical Examiners.

e. As used in this section:

"Aspiration abortion" means a procedure that terminates a pregnancy utilizing manual or electric suction to empty the uterus.

"Medication abortion" means the use, prescription, order, dispensing, administration, or any combination thereof as applicable, of a medication or a combination of medications to induce termination of pregnancy.

"Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone, or accompanied by light tactile stimulation, no interventions are required to maintain a patent airway, spontaneous ventilation is adequate, and cardiovascular function is usually maintained. "Moderate sedation" does not include an oral dose of pain medication or minimal pre-procedure tranquilization, such as the administration of a pre-procedure oral dose of a benzodiazepine designed to calm the patient. "Moderate sedation" shall be synonymous with the term "sedation/analgesia" as used by the American Society of Anesthesiologists.

7. (New section) a. An advanced practice nurse may perform aspiration abortions, which may include the administration of moderate sedation, and administer medication abortions consistent with the advanced practice nurse's scope of practice and training and consistent with regulations of the New Jersey Board of Nursing.

b. Nothing in P.L.2021, c.375 (C.10:7-1 et seq.) shall effect or limit in anyway an advanced practice nurse who is licensed, certified, or otherwise authorized by law to practice in this State from performing aspiration abortion, providing medication abortion, or managing the spontaneous termination of a pregnancy in accordance with the advanced practice nurse's scope of practice and with any regulations promulgated by the New Jersey Board of Nursing.

c. As used in this section:

"Aspiration abortion" means a procedure that terminates a pregnancy utilizing manual or electric suction to empty the uterus.

"Medication abortion" means the use, prescription, order, dispensing, administration, or any combination thereof as applicable, of a medication or a combination of medications to induce termination of pregnancy.

"Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone, or accompanied by light tactile stimulation, no interventions are required to maintain a patent airway, spontaneous ventilation is adequate, and cardiovascular function is usually maintained. "Moderate sedation" does not include an oral dose of pain medication or minimal pre-procedure tranquilization, such as the administration of a pre-procedure oral dose of a benzodiazepine designed to calm the patient. "Moderate sedation" shall be synonymous with the term "sedation/analgesia" as used by the American Society of Anesthesiologists.

8. (New section) The Commissioner of Health and the Director of the Division of Consumer Affairs shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to implement the provisions of P.L. , c. (C.) (pending before the Legislature as this bill). The State Board of Medical Examiners and the New Jersey Board of Nursing shall additionally adopt rules and regulations, pursuant to the "Administrative Procedure Act, P.L.1968, c.410 (C.52:14B-1 et seq.), with respect to the health care professionals under each licensing board's respective jurisdiction, as may be necessary to implement the provisions of P.L. , c. (C.) (pending before the Legislature as this bill).

Notwithstanding the provisions of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to the contrary, the commissioner and director may adopt, immediately upon filing with the Office of Administrative Law, regulations that the commissioner and director deem necessary to effectuate the purposes of this section,

which regulations shall be effective for a period not to exceed 18 months from the date of the filing. The commissioner and director may thereafter amend, adopt, or readopt the regulations in accordance with the requirements of P.L.1968, c.410 (C.52:14B-1 et seq.).

9. This act shall take effect immediately.

STATEMENT

This bill codifies the authority of physician assistants, certified nurse midwives, certified midwives, and advanced practice nurses to provide abortions.

Under the bill, physician assistants can perform aspiration abortions consistent with the physician assistant's scope of practice, which can include the administration of sedation consistent with the physician assistant's scope of practice and training and a physician assistant can order, prescribe, dispense, and administer medication abortions.

Under the bill, certified nurse midwives and certified midwives can perform aspiration abortions, which may include the administration of moderate sedation, consistent with their scope of practice and training and consistent with regulations of the applicable licensing board. A certified nurse midwife authorized to prescribe drugs pursuant to section 2 of P.L. 1991, c. 97 (C.45:10-18), may order, prescribe, dispense, and administer medication abortions. A certified nurse midwife who is not authorized to prescribe drugs pursuant to section 2 of P.L. 1991, c. 97 (C.45:10-18) or a certified midwife may provide medication abortions if the use of the medication is authorized by a standing order issued by a physician.

Under the bill, advanced practice nurses may perform aspiration abortions, which may include the administration of moderate sedation, and administer medication abortions consistent with the advanced practice nurse's scope of practice and training and consistent with regulations of the New Jersey Board of Nursing.

The bill provides that an abortion facility will not be required to be an ambulatory surgical facility or a surgical practice license, to the extent that the facility performs abortion procedures that do not require general anesthesia or an operating room, and such services may be performed in procedure rooms. An entity seeking licensure as an ambulatory care facility or a surgical practice at which early aspiration abortions would be performed will not be subject to certain limitations under current law for ambulatory care facilities, so long as the facility or surgical practice adheres to all applicable regulations with respect to the standard of care.