

ASSEMBLY, No. 4052

STATE OF NEW JERSEY

222nd LEGISLATURE

INTRODUCED FEBRUARY 12, 2026

Sponsored by:

Assemblyman WILLIAM W. SPEARMAN

District 5 (Camden and Gloucester)

Assemblywoman KATIE BRENNAN

District 32 (Hudson)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Co-Sponsored by:

Assemblymen Scharfenberger, Kearney, Assemblywomen Fantasia and Park

SYNOPSIS

Eliminates certain practice restrictions for advanced practice nurses.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/19/2026)

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.

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 h. According to surveys, over 45 percent of advanced practice
2 nurses in New Jersey reported working without practice restrictions
3 as authorized under Executive Order No. 112 and the waivers
4 issued pursuant to the executive order. No adverse incidents were
5 reported during the waiver period involving advanced practice
6 nurses practicing without practice restrictions.

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

12

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

15 1. As used in this act:

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

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

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

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

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

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

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

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

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

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

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

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

33

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

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

43 (1) initiating laboratory and other diagnostic tests;

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

1 (3) prescribing or ordering treatments, including referrals to
2 other licensed health care professionals, and performing specific
3 procedures in accordance with the provisions of this **[subsection]**
4 section; and

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

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

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

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

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

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

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

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

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

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

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

1 physician is available to do so and the nurse is the patient's primary
2 caregiver.

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

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

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

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

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

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

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

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

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

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

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

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

1 contact hours shall be in addition to New Jersey Board of Nursing
2 pharmacology education requirements for advanced practice nurses
3 related to initial certification and recertification of an advanced
4 practice nurse as set forth in regulations adopted by the New Jersey
5 Board of Nursing;

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

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

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

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

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

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

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

47 13. a. Notwithstanding any other provision of law or regulation
48 to the contrary, an advanced practice nurse may dispense narcotic

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

12 b. Notwithstanding any other provision of law or regulation to
13 the contrary, an advanced practice nurse **【,** under the joint protocol
14 established by the advanced practice nurse and the collaborating
15 physician,**】** may make the determination as to the medical necessity
16 for services for the treatment of substance use disorder, as provided
17 in P.L.2017, c.28 (C.17:48-6nn et al.), and may prescribe such
18 services.
19 (cf: P.L.2017, c.341, s.13)

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

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

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

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

36 c. To evaluate and pass upon national accreditation
37 organizations and the holders of certificates from those
38 organizations as necessary to award certificates pursuant to section
39 9 of P.L.1991, c.377 (C.45:11-48);

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

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

- 1 f. To approve the examination to be taken by candidates for
2 certification;
- 3 g. To set standards of professional conduct for advanced
4 practice_nurses;
- 5 h. To set fees for examinations, certification, and other services
6 consistent with section 2 of P.L.1974, c.46 (C.45:1-3.2);
- 7 i. To set standards for and approve continuing education
8 programs; and
- 9 j. To determine whether the requirements of another state with
10 respect to certification as an advanced practice nurse are
11 substantially equivalent to those of this State in accordance with
12 subsection c. of section 8 of P.L.1991, c.377 (C.45:11-47).
13 (cf: P.L.1999, c.85, s.8)
14
- 15 6. (New section) The Board of Nursing and the Commissioner
16 of Health shall each adopt, pursuant to the "Administrative
17 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), such rules
18 and regulations as shall be necessary to implement the provisions of
19 this act.
20
- 21 7. The following sections are repealed:
22 Section 10 of P.L.1999, c.85 (C.45:11-49.2);
23 Section 12 of P.L.1991, c.377 (C.45:11-51); and
24 Section 13 of P.L.1991, c.377 (C.45:11-52).
25
- 26 8. This act shall take effect on the first day of the fourth month
27 next following the date of enactment.
28
29

30 STATEMENT
31

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

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

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

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

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

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

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