

SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE, No. 2996**

**STATE OF NEW JERSEY**  
**222nd LEGISLATURE**

ADOPTED MARCH 19, 2026

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator TROY SINGLETON**

**District 7 (Burlington)**

**Assemblyman WILLIAM W. SPEARMAN**

**District 5 (Camden and Gloucester)**

**Assemblywoman KATIE BRENNAN**

**District 32 (Hudson)**

**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Co-Sponsored by:**

**Senators Diegnan, Zwicker, Cryan, Stack, Cruz-Perez, Beach, Johnson, Turner, O'Scanlon, Greenstein, Ruiz, Burgess, Holzapfel, Steinhardt, Testa, McKnight, Timberlake, McKeon, Moriarty, Corrado, Henry, Wimberly, Space, Amato, Mukherji, Assemblymen Scharfenberger, Kearney, Assemblywomen Fantasia, Park, Dunn, Reynolds-Jackson, Speight and Assemblyman Onyema**

**SYNOPSIS**

Eliminates certain practice restrictions for advanced practice nurses.

**CURRENT VERSION OF TEXT**

Substitute as adopted by the Senate Judiciary Committee.

(Sponsorship Updated As Of: 3/23/2026)

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. As of March 2026, 27 states, the District of Columbia, and  
30 two U.S. territories have adopted full practice authority for  
31 advanced practice nurses. The requirement to practice in  
32 collaboration with a physician limits the ability of advanced  
33 practice nurses to provide primary care and specialty care services,  
34 and has been associated with advanced practice nurses leaving New  
35 Jersey for other 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 (2020), which, among other things, directly and through waivers  
42 issued pursuant to its authority, waived existing practice restrictions  
43 for advanced practice nurses, including joint protocol and  
44 supervision 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 (2020) and the  
4 waivers issued pursuant to the executive order. No adverse  
5 incidents were reported during the waiver period involving  
6 advanced practice 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 in certain healthcare settings to the full extent of their  
11 education, clinical training, and 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" means a person licensed to  
19 practice medicine and surgery pursuant to chapter 9 of Title 45 of  
20 the Revised Statutes who agrees to work with an advanced practice  
21 nurse.

22 f. "Primary health care" means preventative, diagnostic,  
23 treatment, management, or reassessment services which are  
24 provided in a family-centered and community oriented manner to an  
25 individual with acute or chronic illness in the areas of family  
26 practice, general internal medicine, general pediatrics, general  
27 obstetrics, gynecology and reproductive health services, or clinical  
28 prevention: (1) at the time of the individual's initial point of contact  
29 with the health care system; or (2) by a health care practitioner who,  
30 regardless of the presence or absence of disease, has assumed  
31 responsibility for the individual and has an ongoing responsibility  
32 to coordinate the individual's medical care. "Primary health care"  
33 includes sick or well care that is provided to any and all age groups,  
34 from perinatal and pediatric care to geriatric care.

35 g. "Reproductive health services" means medical, surgical,  
36 counseling, or referral services relating to the human reproductive  
37 system.

38 h. "Behavioral health care" mean procedures or services  
39 rendered by a health care practitioner to a patient for the treatment  
40 of a mental illness, emotional disorder, or drug or alcohol use  
41 disorder.

42 i. "Higher level of care" means a clinically appropriate level of  
43 behavioral health care treatment that provides a greater degree of  
44 supervision, intensity, structure, or medical monitoring than the  
45 level of care currently being provided to a patient.

46 Nothing in this act shall confer the authority to a person licensed  
47 to practice nursing to practice another health profession as currently

1 defined in Title 45 of the Revised Statutes.  
2 (cf: P.L.2019, c.48, s.2)

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

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

12 (1) initiating laboratory and other diagnostic tests;

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

16 (3) prescribing or ordering treatments, including referrals to  
17 other licensed health care professionals, and performing specific  
18 procedures in accordance with the provisions of this **[subsection]**  
19 section.

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

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

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

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

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

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

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

43 (7) the advanced practice nurse has completed six contact hours  
44 of continuing professional education in pharmacology related to  
45 controlled substances, including pharmacologic therapy, addiction  
46 prevention and management, and issues concerning prescription  
47 opioid drugs, including responsible prescribing practices,  
48 alternatives to opioids for managing and treating pain, and the risks

1 and signs of opioid abuse, addiction, and diversion, in accordance  
2 with regulations adopted by the New Jersey Board of Nursing. The  
3 six contact hours shall be in addition to New Jersey Board of  
4 Nursing pharmacology education requirements for advanced  
5 practice nurses related to initial certification and recertification of  
6 an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.

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

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

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

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

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

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

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

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

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

45 d. The joint protocols employed pursuant to subsections b. and  
46 c. of this section shall conform with standards adopted by the  
47 Director of the Division of Consumer Affairs pursuant to section 12

1 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85  
2 (C.45:11-49.2), as applicable.

3 e. (Deleted by amendment, P.L.2004, c.122.)

4 f. An attending advanced practice nurse may determine and  
5 certify the cause of death of the nurse's patient and execute the  
6 death certification pursuant to R.S.26:6-8 if no **【collaborating】**  
7 physician is available to do so and the nurse is the patient's primary  
8 caregiver.

9 g. **【An】** (1) Except as otherwise provided in paragraph (2) of  
10 this subsection, an advanced practice nurse may authorize  
11 qualifying patients for the medical use of cannabis and issue written  
12 instructions for medical cannabis to registered qualifying patients,  
13 subject to the following conditions:

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

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

24 **【(3)】** (c) the advanced practice nurse signs the nurse's own  
25 name to the authorization or written instruction and prints the  
26 nurse's name and certification number;

27 **【(4)】** (d) the authorization or written instruction is dated and  
28 includes the name of the qualifying patient and the name, address,  
29 and telephone number of the collaborating physician;

30 **【(5)】** (e) the physician is present or readily available through  
31 electronic communications;

32 **【(6)】** (f) the charts and records of qualifying patients treated  
33 by the advanced practice nurse are periodically reviewed by the  
34 collaborating physician and the advanced practice nurse;

35 **【(7)】** (g) the joint protocols developed by the collaborating  
36 physician and the advanced practice nurse are reviewed, updated,  
37 and signed at least annually by both parties; and

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

42 (2) Subject to the requirements for authorizing qualifying  
43 patients for the medical use of cannabis and for issuing written  
44 instructions for medical cannabis established pursuant to P.L.2009,  
45 c.307 (C.24:6I-1 et al.), an advanced practice nurse who is  
46 authorized to practice advanced practice nursing within a  
47 population focus of family or individual across the lifespan, adult

1 gerontology, pediatrics, women's health, or behavioral health shall  
2 be exempt from subsections b. and c. of this section and may  
3 authorize qualifying patients for the medical use of cannabis and  
4 issue written instructions for medical cannabis to registered  
5 qualifying patients without a joint protocol with a collaborating  
6 physician, provided that:

7 (a) the advanced practice nurse has more than 5,000 hours of  
8 licensed, active, advanced nursing practice in a role with the  
9 applicable population focus;

10 (b) the advanced practice nurse is providing primary health care  
11 or behavioral health care;

12 (c) the advanced practice nurse is not providing health care  
13 services in the area of general obstetrics;

14 (d) the advanced practice nurse is not providing elective  
15 aesthetic or cosmetic services; and

16 (e) the advanced practice nurse, to the extent the advanced  
17 practice nurse is providing behavioral health care services, takes  
18 appropriate action to facilitate the timely referral, transfer, or  
19 admission to a higher level of care in the event the advanced  
20 practice nurse determines, based upon clinical judgment, that a  
21 patient requires such level of care. The determination shall be  
22 based upon a documented clinical assessment.

23 h. (1) Pursuant to this subsection, an advanced practice nurse  
24 who is authorized to practice advanced practice nursing within a  
25 population focus of family or individual across the lifespan, adult  
26 gerontology, pediatrics, women's health, or behavioral health shall  
27 be exempt from subsections b. and c. of this section and shall be  
28 authorized to practice without a joint protocol with a collaborating  
29 physician, provided that:

30 (a) the advanced practice nurse has more than 5,000 hours of  
31 licensed, active, advanced nursing practice in a role with the  
32 applicable population focus;

33 (b) the advanced practice nurse is providing primary health care  
34 or behavioral health care;

35 (c) the advanced practice nurse is not providing health care  
36 services in the area of general obstetrics;

37 (d) the advanced practice nurse is not providing elective  
38 aesthetic or cosmetic services; and

39 (e) the advanced practice nurse, to the extent the advanced  
40 practice nurse is providing behavioral health care services, takes  
41 appropriate action to facilitate the timely referral, transfer, or  
42 admission to a higher level of care in the event the advanced  
43 practice nurse determines, based upon clinical judgment, that a  
44 patient requires such level of care. The determination shall be  
45 based upon a documented clinical assessment.

46 (2) An advanced practice nurse who meets the exemption  
47 criteria provided pursuant to paragraph (1) of this subsection may  
48 order medications and devices, subject to the following conditions:

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

8 (b) the advanced practice nurse shall have completed 14 contact  
9 hours of continuing professional education in pharmacology related  
10 to controlled substances, including pharmacologic therapy and  
11 addiction prevention and management. Of the 14 contact hours,  
12 eight hours shall be in addition to New Jersey Board of Nursing  
13 controlled dangerous substance pharmacology education  
14 requirements for advanced practice nurses related to initial  
15 certification of an advanced practice nurse as set forth in  
16 regulations adopted by the New Jersey Board of Nursing at the time  
17 of the effective date of P.L. , c. (C. ) (pending before the  
18 Legislature as this bill);

19 (c) the advance practice nurse shall have completed 10 contact  
20 hours of continuing professional education in pharmacology each  
21 biennial period;

22 (d) the advance practice nurse, who is practicing independently,  
23 shall be held to the same standard of care as other independent  
24 health care practitioners.

25 (e) the advanced practice nurse shall be required to be covered  
26 by malpractice liability insurance, or if such liability coverage is not  
27 available, by a letter of credit for at least the minimum amount  
28 applicable to a licensed physician. The advance practice nurse shall  
29 notify the Board of Nursing of the name and address of the  
30 insurance carrier or the institution issuing the letter of credit;

31 (f) if the advanced practice nurse does not provide services to  
32 beneficiaries of the Medicare program established pursuant to  
33 section 1801 of the Social Security Act (42 U.S.C. s.1395 et seq.),  
34 the advanced practice nurse shall , if applicable, prominently  
35 display in the advanced practice nurse's office an appropriate  
36 notice, and inform, in writing, the Board of Nursing; and

37 (g) the advanced practice nurse shall immediately notify the  
38 Board of Nursing if the advanced practice nurse is:

39 (i) is incapable, for medical or any other good cause, of  
40 discharging the functions of the advanced practice nurse in a  
41 manner consistent with the public's health, safety and welfare;

42 (ii) is indicted or convicted of a crime involving moral turpitude  
43 or a crime adversely relating to the advanced practice nurse's  
44 practice;

45 (iii) is named as a defendant or respondent in a civil, criminal or  
46 administrative investigation, complaint or judgment involving  
47 alleged malpractice, negligence or misconduct relating to the  
48 advanced practice nurse's practice;

1 (iv) is the subject of any voluntary license or certification  
2 surrender or any disciplinary action or order by any state or Federal  
3 agency, board or commission, including any order of limitation or  
4 preclusion; or

5 (v) fails to maintain or renew any certification which is required  
6 by law as a condition of practice or as a condition of license or  
7 certification renewal.

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

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

15  
16 4. Section 10 of P.L.1999, c.85 (C.45:10-49.2) is amended to  
17 read as follows:

18 10. No later than the 180th day after the enactment of P.L.1999,  
19 c.85, the Director of the Division of Consumer Affairs in the  
20 Department of Law and Public Safety shall adopt standards for the  
21 joint protocols required by subsection d. of section 10 of P.L.1991,  
22 c.377 (C.45:11-49), which shall apply to the ordering or  
23 prescription of controlled dangerous substances by an advanced  
24 practice nurse pursuant to that section. The standards shall be  
25 adopted by regulation in accordance with the "Administrative  
26 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), provided that  
27 such regulation shall not be more restrictive than the provisions of  
28 P.L.1991, c.377 (C.45:11-45 et al.).

29 (P.L.1999, c.85, s.10)

30  
31 5. Section 13 of P.L.2017, c.341 (C.45:11-49.3) is amended to  
32 read as follows:

33 13. a. Notwithstanding any other provision of law or regulation  
34 to the contrary, an advanced practice nurse may dispense narcotic  
35 drugs for maintenance treatment or detoxification treatment if the  
36 advanced practice nurse has met the training and registration  
37 requirements set forth in subsection (g) of 21 U.S.C. s.823. **[An]**  
38 When applicable, an advanced practice nurse who is authorized to  
39 dispense such drugs may do so regardless of whether the advanced  
40 practice nurse's collaborating physician has met the training and  
41 registration requirements set forth in subsection (g) of 21 U.S.C.  
42 s.823, provided that the joint protocol established by the advanced  
43 practice nurse and the collaborating physician include the  
44 collaborating physician's written approval for the advanced practice  
45 nurse to dispense the drugs.

46 b. Notwithstanding any other provision of law or regulation to  
47 the contrary, an advanced practice nurse, under the joint protocol  
48 established by the advanced practice nurse and the collaborating

1 physician, may make the determination as to the medical necessity  
2 for services for the treatment of substance use disorder, as provided  
3 in P.L.2017, c.28 (C.17:48-6nn et al.), and may prescribe such  
4 services.

5 c. The provisions of this section regarding joint protocols shall  
6 not apply under the circumstances outlined in subsections g. and h.  
7 of section 10 of P.L.1991, c. 377 (C.45:11-49).  
8 (cf: P.L.2017, c.341, s.13)  
9

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

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

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

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

25 c. To evaluate and pass upon national accreditation  
26 organizations and the holders of certificates from those  
27 organizations as necessary to award certificates pursuant to section  
28 9 of P.L.1991, c.377 (C.45:11-48);

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

31 e. To take disciplinary action, in accordance with P.L.1978,  
32 c.73 (C.45:1-14 et seq.),<sub>2</sub> against an advanced practice nurse who  
33 violates the provisions of **【this act】** P.L.1991, c.377 (C.45:11-45 et  
34 al.), any regulation promulgated thereunder, or P.L.1978, c.73  
35 (C.45:1-14 et seq.);

36 f. To approve the examination to be taken by candidates for  
37 certification;

38 g. To set standards of professional conduct for advanced  
39 practice nurses;

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

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

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

1 k. To limit, restrict, deny, suspend or revoke an advanced  
2 practice nurse's licensure, or prescriptive or dispensing authority.

3 The board may take disciplinary action for:

4 (1) prescribing, dispensing, administering, or distributing  
5 medications in an unsafe manner;

6 (2) prescribing or distributing medications outside the advanced  
7 practice nurse's role or population focus; or

8 (3) prescribing, ordering, procuring, administering, dispensing  
9 and furnishing over the counter, legend and controlled substances  
10 outside the applicable state and federal laws or regulations.

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

12  
13 7. Section 12 of P.L.1991, c.377 (C.45:11-51) is amended to  
14 read as follows:

15 12. The Director of the Division of Consumer Affairs in the  
16 Department of Law and Public Safety may receive and shall give  
17 due consideration to advice from the Board of Nursing and the State  
18 Board of Medical Examiners in adopting standards for the joint  
19 protocols required by subsection d. of section 10 of P.L.1991, c.377  
20 (C.45:11-49). The standards shall be established by rule adopted by  
21 the Director of the Division of Consumer Affairs in accordance with  
22 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
23 seq.), provided that such rule shall not be more restrictive than the  
24 provisions of P.L.1991, c.377 (C.45:11-45 et al.).

25 (cf: P.L.1991, c.377, s.12)

26  
27 8. Section 13 of P.L.1991, c.377 (C.45:11-52) is amended to  
28 read as follows:

29 13. The Commissioner of Health **and Senior Services** shall, by  
30 rule adopted in accordance with the "Administrative Procedure  
31 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), establish the periods of  
32 time within which the charts and records of the patients treated by  
33 the advanced practice nurse in an inpatient setting shall be  
34 reviewed by the advanced practice nurse and the collaborating  
35 physician, as required by paragraph (5) of subsection b. of section  
36 10 of P.L.1991, c.377 (C.45:11-49), provided that such rule shall  
37 not be more restrictive than the provisions of P.L.1991, c.377  
38 (C.45:11-45 et al.).

39 (cf: P.L.1999, c.85, s.9)

40  
41 9. (New section) Notwithstanding the provisions of the  
42 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
43 seq.) to the contrary, the Board of Nursing and the Commissioner of  
44 Health shall adopt, immediately upon filing proper notice with the  
45 Office of Administrative Law, regulations necessary to effectuate  
46 the purposes of this act, including the process by which the Board  
47 shall verify the number of hours an advanced practice nurse has  
48 completed in order for the advanced practice nurse to practice

1 without a joint protocol pursuant to subsections g. and h. of section  
2 3 and subsections a. and b. of section 10, provided that such rules  
3 shall not be more restrictive than the provisions of P.L.1991, c.377  
4 (C.45:11-45 et al.). Such regulations shall be effective for a period  
5 not to exceed 18 months from the date of the filing, at which point  
6 the Board of Nursing and the Commissioner of Health may  
7 thereafter amend, adopt, or readopt the regulations in accordance  
8 with the requirements of P.L.1968, c.410 (C.52:14B-1 et seq.).  
9

10 10. This act shall take effect immediately, except that  
11 notwithstanding any provision of this P.L. , c. (C. ) (pending  
12 before the Legislature as this bill) to the contrary, an advanced practice  
13 nurse authorized to prescribe, authorize, or order medications and  
14 devices without a joint protocol pursuant to Executive Order No. 13  
15 (2026) shall be authorized to:

16 a. if the advanced practice nurse would have 5,000 hours of  
17 licensed, active, advanced nursing practice within 12 months of the  
18 effective date of this P.L. , c. (C. ) (pending before the  
19 Legislature as this bill), continue practicing without a joint protocol; or

20 b. if the advanced practice nurse would have less than 5,000 hours  
21 of licensed, active, advanced nursing practice within 12 months of the  
22 effective date of this P.L. , c. (C. ) (pending before the  
23 Legislature as this bill), continue practicing without a joint protocol for  
24 a period of six months after the effective date of P.L. , c. (C. )  
25 (pending before the Legislature as this bill), after which the advanced  
26 practice nurse shall be required to establish a joint protocol with a  
27 collaborating physician pursuant to the provisions of section 10 of  
28 P.L.1991, c.377 (C.45:11-49) and any hours of licensed, active,  
29 advanced nursing practice without a joint protocol shall be counted  
30 towards the requirements for practice without a joint protocol with a  
31 collaborating physician pursuant to section 10 of P.L.1991, c.377  
32 (C.45:11-49).