



## **Position Statement**

**S1522 / A2286**

### ***Eliminates certain practice restrictions for advanced practice nurses.***

Organization of Nurse Leaders of New Jersey (ONL NJ) fully supports the elimination of certain practice restrictions for advanced practice nurses. S1522 / A2286 impacts the practice of our valued APN resource in New Jersey as well as access to care for our NJ resident patients, families and communities our members serve. ONL NJ represents 500 nurse leaders in healthcare organizations; our members are active registered nurses and include advanced practice nurses, aspiring and currently practicing nurse leaders, managers, executives as well as doctoral prepared educators and more.

With a population increasing in numbers and age and the enactment of the Affordable Care Act (ACA) approximately 94% of New Jersey residents are now insured (Statista, 2022). With these changes the demand for primary care providers (PCPs) in the coming years will increase, resulting in a projected shortage of up to 120,000 providers by 2033 (Boye, 2020). It is our position that Advanced Practice Nurses functioning to the full extent of their education and training and licensed as autonomous independent practitioners can significantly reduce this deficit and provide safe, effective and affordable healthcare to the residents of this state.

Policy experts from Boston University School of Public Health and the Harvard T.H. Chan School of Public Health support the Association of American Medical Colleges (AAMC) position that non-physician providers who practice to the full extent of their licenses offer cost savings and increased access to care; further, that both the quality and effectiveness of the care provided by APNs are on par with physician care (Pearson & Frakt, 2018).

- Currently, 30 states plus the District of Columbia have already passed legislation giving APNs full practice autonomy (AANP, n.d.). According to surveys, over 45 percent of advanced practice nurses in NJ reported working without practice restrictions as authorized under Executive Order No. 112 and the waivers issued pursuant to the

executive order during the COVID-19 pandemic. According to the New Jersey Board of Nursing (NJBON) communication on August 24, 2022 with NJBON president, Barbara Blozen, no adverse incidents were reported during the waiver period involving advanced practice nurses practicing without practice restrictions.

Nationwide according to the AANP National Nurse Practitioner Sample Survey in 2020:

- 88.9% of APNs are certified in an area of primary care, and 70.2% of all APNs deliver primary care.
- 81.0% of full-time APNs are seeing Medicare patients and 78.7% are seeing Medicaid patients.
- 42.5% of full-time APNs hold hospital privileges; 12.8% have long-term care privileges.
- 96.2% of APNs prescribe medications, and those in full-time practice write an average of 21 prescriptions per day.
- APNs hold prescriptive privileges, including controlled substances, in all 50 states and D.C.
- APNs have been in practice an average of 11 years

As licensed independent practitioners who provide care in acute, long-term, primary and specialty care settings, APNs are educated and fully prepared to practice autonomously according to their practice specialty, independent of physician oversight. They assess, diagnose, prescribe, order, and manage the health problems and care needs of patients and clients across populations (AANP, 2019; ICN 2020; National Council of State Boards of Nursing, 2022). Moreover, APNs provide vital contributions in the areas of research and patient advocacy (AANP, 2019).

In New Jersey, the nursing profession and the New Jersey Board of Nursing (NJBON) determine the scope and standards of practice for APNs. As such, APN legal authority to practice and regulate APN practice is determined through credentialing by the NJBON (NJBON, 2015; Phillips, 2012, 2015). Furthermore, under current NJ state regulations, NJ APNs have prescriptive authority, but are required to enter a joint protocol with a collaborating licensed NJ physician prior to prescribing any medication or device (NJBON, 2015). S1522 / A2286 changes this regulation and would allow APNs to prescribe without joint protocols, and if passed and enacted, new APNs with less than 24 months or 2,400 hours of active advanced nursing practice would be required to enter into a joint protocol agreement with a collaborating provider. It is important to note that removal of the joint protocol agreement should not be interpreted to mean

that interdisciplinary collaboration will not continue, but that all constraints are removed that will allow for full and expedient practice.

ONL NJ believes that that the scope of practice for APNs should continue to be determined by the nursing profession and the NJBON, and asserts, as does the National Academy of Medicine's Future of Nursing 2020-2030 (2021) that "Nurses should practice to the full extent of their education and training" (p. 23). "Four decades of evaluation and research on NP practice consistently support the high quality and cost- effectiveness of NP care" (AANP, n.d.).

### **About ONL NJ**

Since 1971, the Organization of Nurse Leaders, New Jersey (ONL NJ) has been the professional organization of choice for nursing leaders in their quest for a united voice in representing nursing administration and management in all practice settings. Our membership includes aspiring nurse leaders, doctoral recipients, educators, nurse managers, clinical nurse leaders, administrative directors of nursing and patient care and chief nursing officers. ONL NJ members are responsible for a combined workforce that exceeds 145,000 active registered nurses.

### **For more information, contact:**

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