

NJ Advanced Practice Nurses (NJ-APN) Set the Record Straight About Joint Protocol







The **TRUTH** about NJ-APN practice will help you, as legislators, **confidently support S1522/A2286 as a proven and viable way to increase access and to provide the best quality of care to residents of all ages across New Jersey.**

This issue is about promoting **Flexibility and Choice**: For patients, healthcare facilities and APN providers to make their own educated decisions about which providers administer care and the model of care used by facilities.




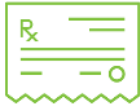

Our **TRUTH** is provided by members of the **“most trusted profession”** and the N.J. nursing associations and organizations that represent more than 140,000 nurses in the state.

We are asking you to support S1522/A2286. *“This bill eliminates practice restrictions for advanced practice nurses (APNs), including restrictions that limit the ability of APNs to prescribe medications and administer anesthesia, and establishes new requirements for APNs to prescribe medications.”*

KEY POINTS	TRUTH of the Matter = Positive Impact for N.J.
<p>Current N.J. Law</p> 	<p>The current law requires that APNs prescribe medications only in accordance with a Joint Protocol (a written agreement) with a collaborating physician. The law specifically requires the APN have a collaborating physician who must review and co-sign the Joint Protocol document on an annual basis. The physician is not required to be actively involved in the oversight or care of ANY patient seen by an APN. For Certified Registered Nurse Anesthetists (CRNA) also known as Advanced Practice Nurse – Anesthesia (APN-A) the collaborating physician must be an anesthesiologist who does not have to be in the operating room during administration of anesthesia just available on the campus.</p>
<p>Consistency of Care</p> 	<p>For OVER Two Years, NJ-APN’s have been working WITHOUT the Joint Protocol due to the temporary removal of this restrictive practice by Executive Order at the start of the pandemic. APNs stepped-up to fill the gaps in care – and today continue to provide the same quality of lifesaving care and services to patient in hospitals, clinics, rehab centers, surgical centers, ICUs, and outpatient offices. Removing scope-of-practice restrictions would mitigate the adverse extra-regulatory effect on physicians and lead to improvements in access to care.</p>
<p>Collaboration</p> 	<p>Collaboration with other healthcare providers ensures the best possible treatments and outcomes for patients. Health care providers don’t work in silos, they work inter-dependently with professionals of all disciplines — often as part of a larger team — to coordinate care and use the skills of each provider to benefit patient health and well-being. APN administered care may parallel or overlap with the care provided by physicians, but the APN scope of practice is clearly defined. APNs provide care only within the scope of their licensure, training and board certification.</p>
<p>Quality & Cost</p> 	<p>More than 25 years of research has documented that APNs provide high-quality, cost-effective care, with outcomes comparable to physicians when caring for patients under similar conditions. A recent white paper revealed that APNs write fewer prescriptions, order fewer tests, and patients experience fewer office-based and specialty care visits, emergency room visits, and hospitalizations. Removal of Joint Protocol will help make the system more cost effective resulting in savings that benefit facilities, providers and patients.</p>



Currently, 26 states, the District of Columbia, and two U.S. territories have adopted full practice authority (FPA) for Advanced Practice Nurses (APNs).

KEY POINTS	TRUTH of the Matter = Positive Impact for N.J.
<p>Proper Credentials</p> 	<p>ALL NJ-APNs are required to be Nationally Board Certified in addition to holding a Master’s or Doctoral level degree. Extensive clinical training is required to specialize in an area of Advanced Nursing Practice. In addition, APNs must complete a rigorous number of continuing education courses annually to maintain their licensure and certification. All NJ-APNs are required to hold sufficient levels of malpractice insurance independent of the collaborating physician.</p>
<p>Expanded Workforce</p> 	<p>The nursing shortage is real, and as more seasoned nurses retire and the lingering long term effects of COVID stress results in nurses continuing to leave the profession, we need to create more opportunities to attract providers to this critical healthcare field. Removal of the Joint Protocol will offer a new level of flexibility and choice to pique the interest of registered nurses looking to expand their education and training to become APNs. These providers will help meet the growing demand for care in underserved populations, particularly in the fields of mental health and substance abuse, gerontology and family practice, anesthesia and acute care.</p>
<p>Underserved Communities</p> 	<p>There simply are not enough doctors to go around, and patients in economically challenged or rural communities are most impacted by this shortage. APNs have been filling this gap in healthcare for decades, particularly in states without restrictions (Joint Protocols), which allow them to practice to the fullest extent of their education, licensure and training (full practice authority - FPA).</p> <ul style="list-style-type: none"> • Patients in these FPA states are more than 2x as likely to see an APN for mental health visits and are often the only accessible option for family practice care. • In New Jersey, 84% of APNs practice in primary care compared to 33% of physicians. • When NJ-APNs are counted in primary care providers in access challenged counties, the shortage of providers is reduced more than half.
<p>Prescriptions</p> 	<p>Bill S1522/A2286 continues the use of N.J. Prescription Blanks and will continue to require that professional education requirements related to pharmacology and the prescribing of controlled substances are maintained for APN licensure, certification and renewal.</p> <p>The removal of the Joint Protocol will NOT alter how prescriptions are written by APNs, but will remove the confusion of having a physician’s name on the prescription which can result in care delays when pharmacy/laboratory information is sent to the collaborating physician.</p> <p>In order for NEW APNs to prescribe medications, the bill requires a formal joint protocol with a physician or experienced advanced practice for the APN in an initial practice role with fewer than 24 months or 2,400 hours of licensed, active, advanced nursing practice.</p>
<p>Financial Burden</p> 	<p>Support of S1522/A2286 will NOT financially burden the state, patients or healthcare systems. <i>However, it will reduce the financial burden for some APNs.</i> A 2021 survey of NJ-APNs revealed that some APNs were paying an average of \$1,000 per month to their collaborating physician, consistent with fees described in national literature. APNs that pay these fees typically work in their own practices or in physician-owned private practices. <i>The true costs of these agreements are often hidden</i> since these fees are also paid by the hospitals/healthcare systems to the physician groups that are contracted to provide these services.</p>