What You Need to Know About Joint Protocol

Why CRNAs and Facilities Deserve Flexibility and Choice

What it was like before Joint Protocol restrictions

For nearly three-quarters of a century, from 1936 until 2008, nurse anesthesia professionals could work directly in collaboration with a variety of qualified surgeons, dentists, dermatologists and other licensed physicians as part of a cohesive, collaborative team to provide patients with the highest quality, most efficient and cost-effective treatments available.

CRNAs were empowered to form professional partnerships with doctors, negotiate directly with insurance companies, physicians and patients to reduce out-of-network costs, and offer greater access to care through offices and medical centers across the state.

This freedom allowed them to use their wealth of expertise and specialized training to help battle the opioid crisis by implementing alternative anesthesia techniques essential to preventing patients from needing opioids at all during their surgery.

How the Joint Protocol was enacted

In early 2007 until late 2008 NJANA was engaged in intense conversations with the New Jersey Board of Nursing (BON) and it was their recommendation that New Jersey join the Advanced Practice Registered Nurse (APRN) coalition to help secure independent practice for CRNAs.

Part of this process was assigning "prescriptive authority" to CRNAs and adding the title "APN-Anesthesia" to the CRNA designation.

The resulting legislation was enacted in 2009 creating an unfair, restrictive barrier that tied the hands of APN-Anesthesia and Certified Registered Nurse Anesthetists (CRNA) by only allowing them to work under the supervision of a licensed physician anesthesiologists.

New Jersey Association of
Nurse Anesthetists