

# APN Practice in New Jersey

**What You Need to Know about Policy, Practice and  
Legislation**

Suzanne Drake, PhD, APN

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- 1970s – Present; Member of ANA then NJSNA
- 2000 – Joined SPAPN
- 2009 – Went to first meeting
- 2009 – Present; Director of Public Relations SPAPN, created [www.PsychAPN.org](http://www.PsychAPN.org)
- 2009 – Appointed JP Steering Committee
- 2010 – Joined Grassroots Committee, RAC
- 2011 – Appointed to Regrouped JPSG
- 2012 – Designed [www.APN-NJ.org](http://www.APN-NJ.org) and co-created APN-NJ

# Blueprint for Today

- Discuss statutes for APN practice
- Identify the role of Nursing and APNs in the Affordable Care Act
- Briefly describe the Key Points of the Institute of Medicine Report
- Describe the Consumer Access to Care Act
- Encourage involvement in Legislative Process and Professional Organizations

# P.L. 2004 Chapter 122

APN:

in addition to all other tasks which a RN may perform, an APN may manage preventative care service, and diagnose and manage deviations from wellness and long term illness, consistent with the needs of the patient and within the scope of practice of the APN

# APN Regulations

- Joint protocol with a collaborating physician
- JP addresses whether prior consultation is required to initiate an order for controlled substances

# APN Regulations

- Joint protocol states that the MD is present or readily available through electronic communications
- JP – charts and records of the patients.... are reviewed by the collaborating MD and the APN within the time period specified by the commissioner of HSS
- JP- reviewed, updated, signed annually by both parties

# APN Regulations

- APN can initiate laboratory and diagnostic tests
- Prescribe and order medications and devices as authorized by subsections
- Prescribe and order treatments

# APNs are NOT

- Supervised in NJ
- Required to have a JP if they do NOT prescribe medications
- Mid Level Providers
- Required to have their collaborator work in the same building, town or county. Must have an MD licensed in the state of NJ



# APNs CAN

- Order diagnostic tests, interpret diagnostic test without a JP
- Refer to specialist
- Admit to a hospital (if hospital bylaws allow) and there is an attending MD
- Perform physical exams, sports physicals and physicals for CDL license without a JP

# APNs can

- Own and operate their own office
- Own and operate their own medical house call business
- Be partners with MDs, but MDs cannot be employees of an APN
- Perform face to face visits for Medicare certification, but MD must sign

# APNs CANNOT

- Order home health services (wound care order, physical/ occupational therapy, patient and caregiver education)
- Certify that a patient is homebound
- Certify that a patient requires skilled nursing or physical therapy
- \$\$\$\$\$\$\$\$\$\$\$\$\$\$ Gatekeeper\$\$\$\$\$\$\$\$\$\$\$\$\$

# APNs CANNOT

- Order Hospice
- Certify a patient for hospice (life expectancy is six months or less)
- Order restraints in an acute care setting other than in an emergency.

# APNs CAN

- Be the ATTENDING PROVIDER for hospice patients
- Certify and recertify Medicare beneficiaries to receive post-acute care and rehab for complex medical conditions (joint replacement, stroke, heart failure)

# March 23, 2010

- President Obama signed the Patient Protection and Affordable Care Act
- One week later, Health Care and Education Reconciliation Act
- Together, these laws are known as the Affordable Care Act (ACA)

# Five Key Themes of ACA

- Cost Containment
- Delivery System Reform
- Insurance Reform and Expansion
- Shared Responsibility
- Establishment of New Agencies to implement these key items

# As a Result

- 440,000 Newly insured non elderly New Jersey
- 73,000 young young adults have gained coverage
- 300,000 added to the Medicaid Rolls



# Meanwhile

- A quarter medical students go into primary care increasing by 1% a year
- Nurses in advanced practice are increasing by 9% a year.
- In NJ, projected shortfall of 2800 primary care physicians decrease of 5% while the current 6080 license APN's in New Jersey are expected to double by 2025.

# IOM – Institute of Medicine Report

**The Future of Nursing: Leading  
Change, Advancing Health**

# Four Key Messages that Structure the Discussion and Recommendations of the Report

1. Nurses should practice to the full extent of their education and training
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
3. Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States
4. Effective workforce planning and policy making require better data collection and in improved information infrastructure

# IOM – Institute of Medicine Report

- Nursing should practice to the full extent of their education and training
- **First recommendation: Remove Scope of Practice Barriers**

# First Recommendation of IOM Remove Scope of Practice Barriers

- Seek equitable reimbursement under Medicare and Medicaid
- Reform Scope of Practice Regulations at the State Levels
- Ensure direct reimbursement from third party payers

# Why Focus on APNs?

- APNs: Becoming THE Frontline Primary Care Providers
- Expanding the use of APNs and nurse managed clinics lowers healthcare costs
- APNs have provided care for over 50 years and data supports APN care and patient satisfaction

# Healthcare Costs

Study comparing a Family Practice Physician managed practice and a Nurse Practitioner managed practice within the same managed care plan, found that the Nurse Practitioner managed practice had:

- 57 percent fewer total emergency department visits
- 62 percent less inpatient days.

*Jenkins and Torrisi (Journal of AANP, July 1995)*



# APNs Improve the Quality of Care

- Expanded scope of practice and team-based approaches including nurse practitioners have been shown **to improve quality and patient satisfaction and reduce costs** at the Veterans Administration Health System, Geisinger Health System, and Kaiser Permanente
- A meta-analysis published in Nursing Economic\$ showed APNs providing **comparable or better care than physicians in 24 different categories**
- Research in Massachusetts shows that using nurse practitioners or physician assistants to their full capacity could save the state **\$4.2 billion to \$8.4 billion over 10 years** and that greater use of retail clinics staffed primarily by nurse practitioners could save an additional \$6 billion

# Barriers to Practice: NJ

- Joint Protocol
- Finding a Collaborator
- Paying a Collaborator
- Educating Consumers
- Educating Hospitals
- Educating Lawmakers

# Summary of Barriers

Barriers to APN practice in NJ:

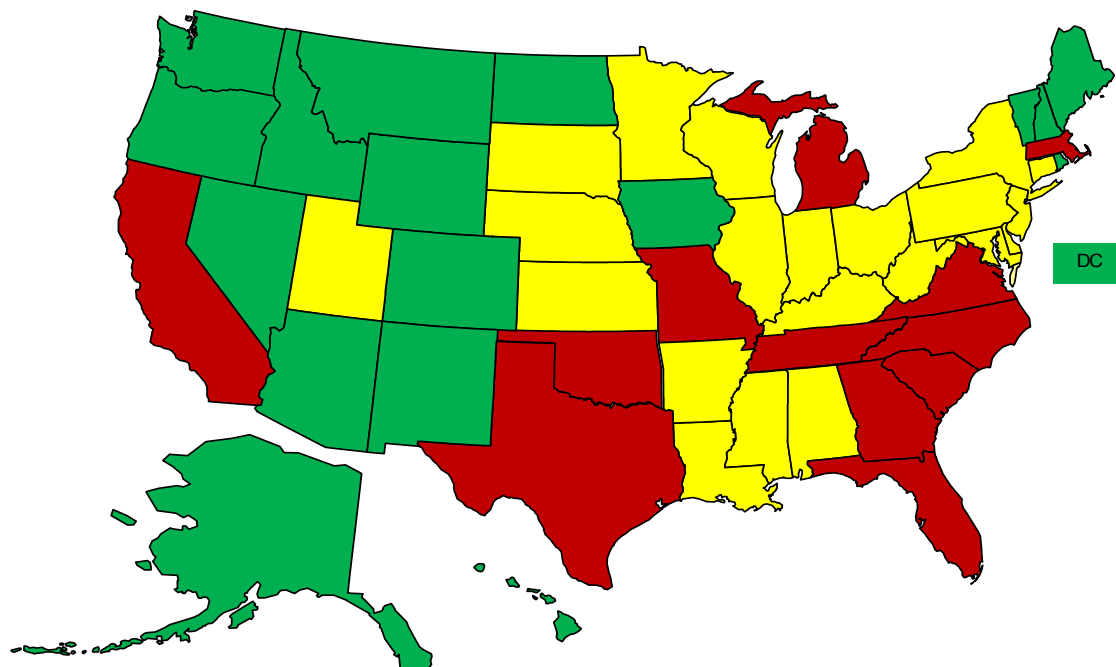
1. Statutory/regulatory -JP which deny plenary authority / full practice authority of APNs
2. Signatory (not allowing APNs to sign forms/affidavits)

# Summary of Barriers

3. Insurance related (denying APN credentialing/direct reimbursement)

4. Federal Medicare restrictions, particularly in relation to certifying for home care/hospice, ordering durable medical equipment (DME), H and P in SNF, NFs, etc.

## 2013 Nurse Practitioner State Practice Environment



- **Full Practice**  
State practice and licensure laws provide for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.
- **Reduced Practice**  
State practice and licensure law reduce the ability of nurse practitioners to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care.
- **Restricted Practice**  
State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation or team-management by an outside health discipline in order for the NP to provide patient care.

# State Level

- New Jersey State Nurses Association
- NJSNA Congress on Policy and Practice
- NJSNA Forum of Nurses in Advanced Practice (FNAP)
- NJSNA Society of Psychiatric APNs (SPAPN)
- APN-NJ Ad Hoc Legislative Organization

# New Jersey Grassroots - 2010

- S2707: Allow APNs to declare cause of death, electronic death certificate
- S2197: Allow APNs to initiate orders related to POLST (physician ordering of life sustaining treatment) PASSED
- Allow APNs to sign Handicap Placard PASSED
- Provider Neutral Language

# NJSNA Policy Agenda

- Signing of Death Certificates
- Encourage RNs to participate on Boards
- Promote Access To Care by removing barriers to care (RNs as well as APNs)
- Support APNs by removing the JP requirement



# S870 / A906

## The Consumer Access To Care Act

Removes the Joint Protocol to prescribe under these circumstances:

An APN with fewer than 24 months or 2,400 hours of licensed, active, advanced nursing practice in an initial role would be permitted to prescribe medication only if a formal collaborating agreement with a provider is in place.

Global Signature Authority

APN-NJ

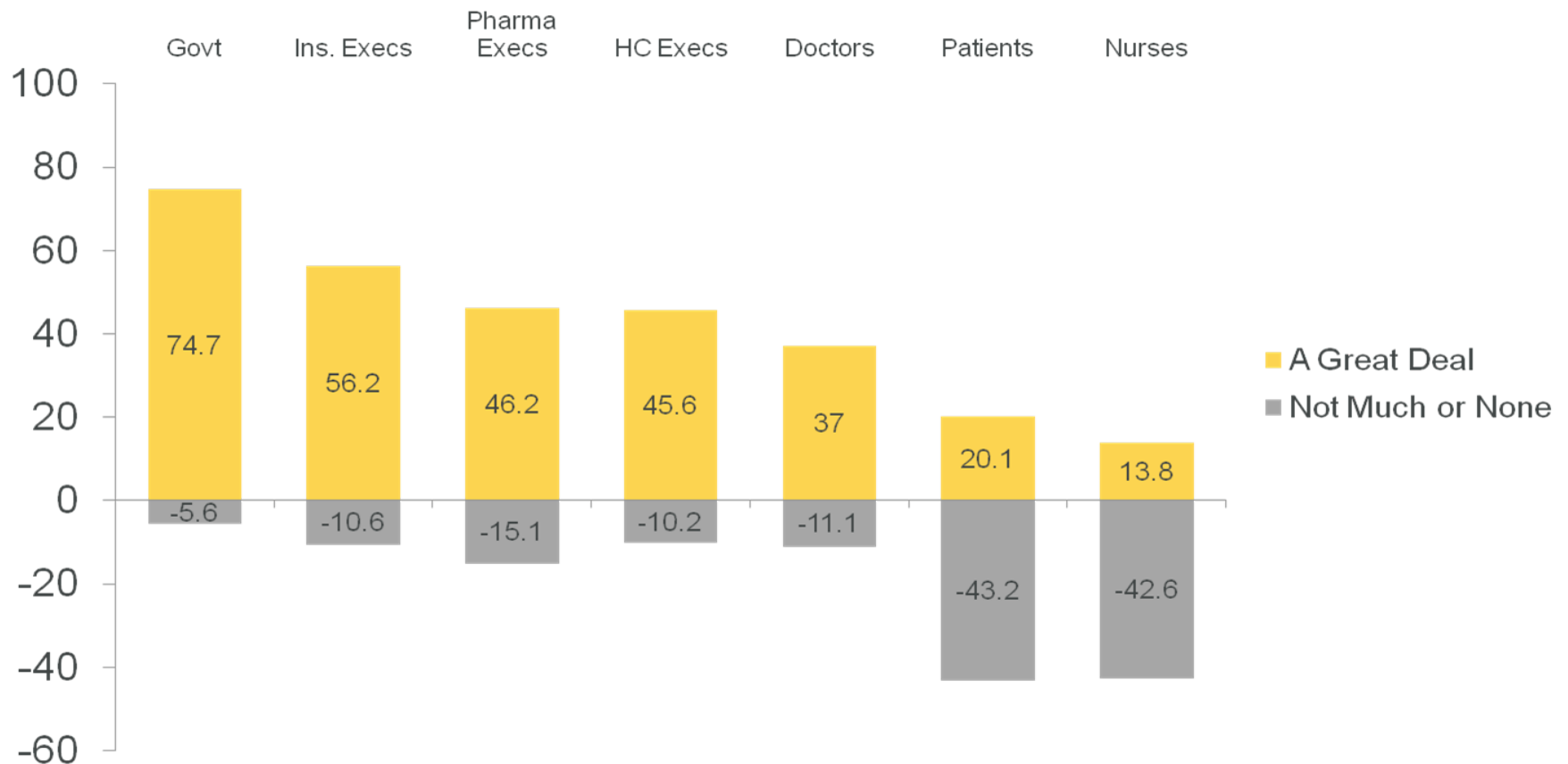
**ONE VOICE    ONE MESSAGE**

# Ouch Don't Say That!

- We are **NOT** “MID LEVEL PROVIDERS” or “PHYSICIAN EXTENDERS”
- INDEPENDENT practice
- Instead say FULL PRACTICE AUTHORITY
- DOCTOR
- Instead say physician when referring to MD

**WHERE DO YOU FIT IN?**

## Who Will Influence Health Reform in the United States in the Next 5-10 Years?



Question Wording: Thinking about the next five to ten years, how much influence do you think each of the following professions or groups of people will have in health reform in the US?

# Get Involved

- JOIN APN-NJ
- Write, visit, email your legislators
- Attend Board of Medicine Meetings
- Attend Board of Nursing Meetings
- Attend NJSNA Board of Director Meetings
- Read the NJ Nurse
- Join the List Serve, Facebook

# Why Join?

**“Being a member of your State and  
National organizations is the  
Cost of Doing Business”**

**-Margaret Fitzgerald, MSN, APN-BC, DNP**

# Be At the Table OR be On the Menu

- APN Anesthesia Issues (2010)
- Prescribing Diabetic DME / Supplies (2010)
- Ordering Home Care: Face to Face Encounter (2010)
- Ordering Respiratory Treatments (2010)
- Iowa APNs – Lose ability to supervise Fluoroscopy November 2011 after 20yrs



# Conclusion

- Legislation Dictates our Practice
- Legislators vote bills into LAW
- Legislators need to be educated about APNs and Nurses
- APNs and Nurses need to become Politically Active
- Join APN-NJ.org, NJSNA, FNAP, SPAPN, APN-NJ
- Contribute to campaigns, assist with campaigns

# Additional Resources:

- [www.NJSNA.org](http://www.NJSNA.org)
- [www.nursingworld.org](http://www.nursingworld.org)
- [www.AANP.org](http://www.AANP.org)
- [www.ACNPweb.org](http://www.ACNPweb.org)
- [www.NCSBN.org](http://www.NCSBN.org)

# Additional Resources

- [www.iom.edu/nursing](http://www.iom.edu/nursing)
- [www.ncsbn.org](http://www.ncsbn.org)
- [www.njleg.state.nj.us](http://www.njleg.state.nj.us)
- [www.njbias.org](http://www.njbias.org) (214<sup>th</sup> NJ Leg Directory)
- [www.congress.org](http://www.congress.org)

# Thank You

