

NEW JERSEY ADVANCED PRACTICE NURSES

There are 6800 Advanced Practice Nurses in New Jersey. That includes nurse practitioners, nurse anesthetists and clinical nurse specialists. In New Jersey, NP, CNS, APN-As are under the BON. CNMs are under the BOME (their choice) The title used in New Jersey is Advanced Practice Nurse or APN.

There continues to be some confusion about our license. We have only one license it is our registered nursing license. The BON issues a certification as an Advanced Practice Nurse.

EDUCATION:

We must first be licensed as a Registered Nurse. A minimum of a Masters degree in nursing is required for all APN. Can be MSN, MN, MA or Doctorate in Nursing Practice. Some schools offer PhD, which would be accepted by the BON depending upon the nursing program.

Basic core curriculum on the Masters level include health promotion and disease prevention, physiology and pathophysiology, health assessment, pharmacology, foundations of nursing practice, research, professional ethics, policy, finance and organization of health care delivery, and diversity and social issues, along with additional courses focused on the selected area of practice. All APN programs also require that students successfully complete professional clinical experience in performance of direct patient care in the role the individual has selected.

The specialty scope of practice is defined by our national certification and this certification is required for recognition and practice. However those APNs certified in New Jersey prior to the adoption of a new APN regulation on June 16, 2008 will not be required to submit proof of national certification in APN specialty when renewing their state certification

REGULATORY BOARDS:

The BON has the sole state authority over APN's for practice. However prescribing requires a joint protocol with a collaborating physician. The joint protocol required for prescribing must conform to the standards established by the Director of the Division of Consumer Affairs: the Joint Protocol was developed by a joint committee of the BON and the BOME, but the BON alone maintains regulatory authority over APN's.

The joint protocol required for prescribing must conform to the standards established by the Director of the Division of Consumer Affairs: the Joint Protocol was developed by a joint committee of the BON and the BOME, but the BON alone maintains regulatory authority over APN's.

VERIFICATION OF LICENSES:

The board of nursing operates a verification line for RN and APN licenses. And the board of nursing has a current list of all active licensees and their towns.

The Board of nursing must have at least one APN seat.

JOINT PROTOCOL:

An APN and physician must engage in collaboration which is defined as an ongoing process consistent with agreed upon parameters of their respective practice using a joint protocol, i.e. a written agreement or contract between an APN and collaborating physician. In general the joint protocol relates to the prescribing of drugs and devices only and not to practice.

Physician involvement is for prescribing medications and medical devices only. In New Jersey, all certified APN's are authorized to prescribe and may do so as long as they have a joint protocol with a physician. The joint protocol must be reviewed, signed and updated at least annually by both providers.

This agreement is maintained on the premises of every office in which the APN practices and is updated to reflect changes in the practice, skills, and reference materials containing practice guidelines or accepted standards of practice.

The joint protocol must contain

- The nature of the practice
- The patient population and settings
- The record-keeping methodology
- A list of categories of medications prescribed
- Specific requirements for recording information and refills
- Rules for direct consultation (may be electronic in nature).

There is the template for this form on the NJSNA website.

CDS

All APNs are authorized to prescribe Schedule II through V including controlled substances and according to a joint protocol. CDS law passed in 2004. All APNs must complete a course with 6 hours related to controlled substance prescribing. This course need only be taken once. APN must have a New Jersey CDS before applying for federal DEA number.

APN's name is printed on Rx pad. Additionally, a new regulation requires the NPI number to be preprinted on the pad. Physician's name practice address, phone number and License number is printed on the pad but not DEA#.

APN's are required to revise their joint protocol to explicitly to address whether or not they must consult with the collaborating physician prior to prescribing or ordering controlled substances.

The BON Monitors all this through random audits upon license renewal.

FUNCTIONS OF APNs

APNs are permitted to:

- Diagnose and Treat
- Order lab and diagnostic tests including radiologic,
- Prescribe and order medications,
- Perform initial procedures within our scope of practice,
- Order transfusions and procedures related to the collection of or donation of blood and blood products,
- Pronounce death in all settings (though not pronouncement of brain death nor to certify cause of death),
- Implement advanced directives for the mentally ill.
- The DHHS division of addiction services permits APN's to serve as directors of substance abuse counseling centers open if so certified),
- Perform complete physical examinations of patients, and to prescribe medications.
- The DHSS public health services regulations authorize APN along with physicians and psychologists to "sign the statement of a report related to a diagnosed physical or mental condition likely to result in developmental delay and...
- To issue a proposal for the types and amount of services that are appropriate through the early intervention system.
- APN can serve as Primary Care Provider of the lead – burdened child and
- They are recognized as a choice of provider for hospice patients.
- APN's are recognized as primary care providers who may provide diagnosis supporting the need for custom made prosthetic or orthotic appliances.
- APNs are recognized by the Juvenile Justice commission as providers under their medical services, and
- Psychiatric APN's are authorized to recommend placement in a behavior accountability unit, as are psychiatrist and psychologist.
- Regulations pertaining to the use of Physician orders for life-sustaining treatment forms now include APNs in the definition of physician and require physicians and APNs to continue education in end-of-life care.
- An APN can order handicap placard for a person who is disabled.
- An APN may determine the health of student athletes and may complete the school physical along with a physician and PA.
- The APN can also determine the student should participate in sports
- Be granted hospital privileges, serve as clinical practitioners

- Conduct admissions physicals, obtain informed consent and evaluate the patient.

INSURANCE REIMBURSEMENT

The Department of Banking and Insurance, Division of Insurance Health Benefits, plan changed the language from “primary care physician” to “primary care provider” to acknowledge that APNs are authorized by statute to serve as Primary Care Providers and as such to obtain copays from patients enrolled in health plans. HMO law includes NPs/CNSs among those that health plans “may” recognize as Primary Care Providers. A pilot accountable care organization in Medicaid includes APNs among recognized providers.

Assisted living standards include APNs in the list of providers patients have a “right to choose” disability regulations allow APNs to be chosen as PCPs and provide primary care. And DHHS added APNs to the Division of Medical Assistance and Health Services Administration manual among those PCPs or specialists who can collect the copay on Medicaid-insured patients. APNs are included as PCPs on adoption forms.

MALPRACTICE RISK

Cumulative number of National Practitioner Data Bank (NPDB) filings: Medical malpractice reports; licensure, clinical privileges, professional society membership, and peer review reports; and Medicare/Medicaid exclusion reports (1990-2003)

- 50 for APNs (6800 in state results in a 1:136 ratio)
- 16,000 for MDs/DOs/Interns/Residents (35,152 in state results in a 1:2 ratio)

N.B. Provider number calculations based upon: (1) Number of NPs reported from BON (as of May 2013); (2) Number of Allopathic Physicians (MDs), MD Intern/Residents, Osteopathic Physicians (DOs), and DO Intern/Residents (for each state as of December 2012) having an active license

Cumulative number of Healthcare Integrity and Protection Data Bank (HIPDB) filings: Adverse action reports (negative licensure actions/findings) and civil judgments or criminal convictions (individuals) (1999 - 2013):

- 2 for APNs (6800 in state results in a 1:3400 ratio)
- 2570 for MDs/DOs/Interns/Residents (35,152 in state results in a 1:14 ratio)

N.B. Provider number calculations based upon: (1) Number of NPs reported from BON (as of May 2013); (2) Number of Allopathic Physicians (MDs), MD Intern/Residents, Osteopathic Physicians (DOs), and DO Intern/Residents (for each state as of December 2012) having an active license recorded by the Federation of State Medical Boards (FSMB, to practice medicine” (p. 12). Source: Federation of State Medical Boards (FSMB). (2013)

NURSE PRACTITIONER PROGRAMS IN NEW JERSEY:

Felician College
Monmouth University
Seton Hall University
The College of New Jersey
University of Medicine & Dentistry of New Jersey
Fairleigh Dickinson University
Rutgers, The State University of New Jersey
Saint Peter's College
Seton Hall University—Online
William Paterson University

American Association of Colleges of Nursing (AACN) list* of Doctor of Nursing Practice (DNP) program(s) in the state:

Fairleigh Dickinson University
Felician College
Monmouth University
Rutgers, The State University of New Jersey
Saint Peter's College
Seton Hall University
University of Medicine and Dentistry of New Jersey
William Paterson University.

*Programs (as of October 2013) that award a nursing doctorate, not necessarily including NP preparation/education.

STATEWIDE APN ASSOCIATIONS:

Forum of Nurses in Advanced Practice of the NJSNA
The Society of Psychiatric Advanced Practice Nurses of NJSNA
New Jersey Association of Nurse Anesthetists

NEW GRADUATES:

Each applicant must successfully complete at least 39 hours in pharmacology during APN graduate education program. In addition an APN applicant must have 6 contact hours of pharmacology related to CDS including pharmacologic therapy and addiction prevention and management. If the graduate program has their CDS content folded into the graduate pharmacology course (bringing it up to 45 hours total) the applicant is not required to take a separate CDS course. In this case the applicant must submit a description of the pharmacology course indicating that CDS content was covered as required when submitting materials for certification to the board of nursing.

There is no requirement at this point of supervise practice hours before one can practice autonomously or for prescribing with a JP.

CONTINUING ED REQUIREMENTS:

APN's must obtain 30 contact hours of CEs appropriate to their specialty every two years. The BON does not specify that these contact hours include pharmacology. The BON randomly audits APN's to ensure compliance.

RECENT LEGISLATION / REGULATIONS IMPACTING APN PRACTICE:

- Bill S2197 POLST Physicians Orders for Life Sustaining Treatment includes APNs and requires both to pursue CE in end-of-life care. PASSED
- Bill S2443 establishes a pilot ACO in Medicaid that includes APNs among recognized providers. PASSED
- Bill S2947 includes APNs among providers who can authorize IDs and the handicapped parking placards for disabled persons. PASSED
- PL 2013 Chap 71 approved Sen. no 1912 Regulation: includes APNs as able to conduct the school physical along with MDs and Pas. APN can now also determine an athlete's fitness to participate in sports. ADOPTED
- NJ ADMIN CODE § 10:44B-1.4d Manual of Standards of Community Care Residents adds APNs to health professionals who can complete and sign forms for the annual medical examination of developmentally disabled living in private residences.
- NJ ADMIN CODE § 13:42A division of consumer affairs, certified psychoanalyst committee changed rules on adoption to include psychiatric VPNS among those who can if they the committee's requirements provide psychoanalysis in New Jersey.
- DHSS removed the regulatory requirement and hospital walls that APN using anesthesia must be supervised by an anesthesiologist, replacing it with language that requires "presence" of an anesthesiologist during "induction, emergence, and critical changes in status." NJANA appealed this rule change in the New Jersey courts but LOST.

FUTURE PLANS

NJSNA is working on long-term plans in accordance with NCSBN and IOM recommendations to remove statutory and regulatory barriers to APN practice. NJSNA is building relationships with non-nurse groups to broaden support and to help the community better understand the role of APN's and the tremendous unmet need for primary and specialty care nursing in the community.

PENDING LEGISLATION / REGULATIONS:

- S1152/ A1319 legislation passed both houses twice and vetoed twice by the governor: introduced for the third time permits and attending APN to determine the cause of death and execute death certificate by a physician is not available.
- S870 / A906 "Consumer Access to Healthcare Act" eliminates the requirement of a joint protocol with a physician for APN's to prescribe medication and medical devices. It was introduced in October 2012 and N.J.S.A., APN – NJSNA and APN groups continue to work with this legislation on its passage.
- NJ ADMIN CODE § 10:79A ACO demonstration project adds APNs to the definition of primary care providers (consistent with the ACO statute); proposed May 6, 2013.
- NJ ADMIN CODE § paragraph 10:191 – 1.2 1E. Department of children and families permits Psychiatric APN's to supervise care plans of emotionally challenged youth in partial care programs proposed November 2012.

Suzanne Drake, PhD, APN
in collaboration with
Carolyn Torre, MA, APN