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HEARINGS: No

NEWSPAPER ARTICLES: Yes

"Christie takes action on range of bills," northjersey.com, 5-4-15

LAW/RWH

P.L.2015, CHAPTER 38, *approved May 4, 2015*
Senate, No. 1152 (*First Reprint*)

1 AN ACT concerning the determination of cause of death and
2 amending R.S.26:6-8, R.S.26:6-10, and P.L.1991, c.377.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. R.S.26:6-8 is amended to read as follows:

8 26:6-8. In the execution of a death certificate, the personal
9 particulars shall be obtained by the funeral director from the person
10 best qualified to supply them. The death and last sickness
11 particulars shall be supplied by the attending, covering ^{1,1} or
12 resident physician; or if there is no attending, covering ^{1,1} or
13 resident physician, by an attending registered professional nurse
14 licensed by the New Jersey Board of Nursing under P.L.1947, c.
15 262 (C. 45:11-23 et seq.); or if there is no attending, covering ₂
16 resident physician or attending registered professional nurse, by the
17 county medical examiner.

18 Within a reasonable time, not to exceed 24 hours after the
19 pronouncement of death, the attending, covering ₂ or resident
20 physician, the attending advanced practice nurse pursuant to section
21 10 of P.L.1991, c.377 (C.45:11-49), or the county medical examiner
22 shall execute the death certification. The burial particulars shall be
23 supplied by the funeral director. The attending, covering ₂ or
24 resident physician, the ¹attending¹ advanced practice nurse, the
25 attending registered professional nurse, or the county medical
26 examiner and the funeral director shall certify to the particulars
27 supplied by them by signing their names below the list of items
28 furnished, or by otherwise authenticating their identities and the
29 information that they have provided through the NJ-EDRS. If a
30 person acting under the direct supervision of the State Medical
31 Examiner, a county medical examiner, funeral director, attending,
32 covering ₂ or resident physician, attending advanced practice nurse,
33 or licensed health care facility or other public or private institution
34 providing medical care, treatment ₂ or confinement to persons, which
35 is registered with the NJ-EDRS, is not authorized to authenticate
36 the information required on a certificate of death or fetal death, that
37 person may enter that information into the NJ-EDRS in anticipation

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted February 5, 2015.

1 of its authentication by the State Medical Examiner or a county
2 medical examiner, funeral director, attending, covering, or resident
3 physician, attending advanced practice nurse, local registrar, deputy
4 registrar, alternate deputy registrar or subregistrar, as applicable.
5 (cf: P.L.2003, c.221, s.5)

6
7 2. R.S.26:6-10 is amended to read as follows:

8 26:6-10. In case the physician or the advanced practice nurse
9 who last attended the deceased is unavailable, so that a certificate of
10 death cannot be obtained from **【him】** the physician or nurse in time
11 for burial or removal:

12 a. the designated covering physician shall have the primary
13 responsibility, after examining the dead body, and being satisfied
14 that death did not result from some unlawful means, to issue a death
15 certificate; and

16 b. in the absence of the designated covering physician, any
17 other physician, after examining the dead body, and being satisfied
18 that death did not result from some unlawful means, may issue a
19 death certificate.

20 (cf: P.L.2003, c.221, s.8)

21
22 3. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to
23 read as follows:

24 10. a. In addition to all other tasks which a registered
25 professional nurse may, by law, perform, an advanced practice
26 nurse may manage preventive care services **【,】** and diagnose and
27 manage deviations from wellness and long-term illnesses, consistent
28 with the needs of the patient and within the scope of practice of the
29 advanced practice nurse, by:

30 (1) initiating laboratory and other diagnostic tests;

31 (2) prescribing or ordering medications and devices, as
32 authorized by subsections b. and c. of this section; and

33 (3) prescribing or ordering treatments, including referrals to
34 other licensed health care professionals, and performing specific
35 procedures in accordance with the provisions of this subsection.

36 b. An advanced practice nurse may order medications and
37 devices in the inpatient setting, subject to the following conditions:

38 (1) the collaborating physician and advanced practice nurse
39 shall address in the joint protocols whether prior consultation with
40 the collaborating physician is required to initiate an order for a
41 controlled dangerous substance;

42 (2) the order is written in accordance with standing orders or
43 joint protocols developed in agreement between a collaborating
44 physician and the advanced practice nurse, or pursuant to the
45 specific direction of a physician;

46 (3) the advanced practice nurse authorizes the order by signing
47 **【his】** the nurse's own name, printing the name and certification
48 number, and printing the collaborating physician's name;

- 1 (4) the physician is present or readily available through
2 electronic communications;
- 3 (5) the charts and records of the patients treated by the advanced
4 practice nurse are reviewed by the collaborating physician and the
5 advanced practice nurse within the period of time specified by rule
6 adopted by the Commissioner of Health ¹【and Senior Services】¹
7 pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);
- 8 (6) the joint protocols developed by the collaborating physician
9 and the advanced practice nurse are reviewed, updated, and signed
10 at least annually by both parties; and
- 11 (7) the advanced practice nurse has completed six contact hours
12 of continuing professional education in pharmacology related to
13 controlled substances, including pharmacologic therapy and
14 addiction prevention and management, in accordance with
15 regulations adopted by the New Jersey Board of Nursing. The six
16 contact hours shall be in addition to New Jersey Board of Nursing
17 pharmacology education requirements for advanced practice nurses
18 related to initial certification and recertification of an advanced
19 practice nurse as set forth in N.J.A.C.13:37-7.2 【and 13:37-7.5】.
- 20 c. An advanced practice nurse may prescribe medications and
21 devices in all other medically appropriate settings, subject to the
22 following conditions:
 - 23 (1) the collaborating physician and advanced practice nurse
24 shall address in the joint protocols whether prior consultation with
25 the collaborating physician is required to initiate a prescription for a
26 controlled dangerous substance;
 - 27 (2) the prescription is written in accordance with standing orders
28 or joint protocols developed in agreement between a collaborating
29 physician and the advanced practice nurse, or pursuant to the
30 specific direction of a physician;
 - 31 (3) the advanced practice nurse writes the prescription on a New
32 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
33 et seq.), signs **【his】** the nurse's own name to the prescription and
34 prints **【his】** the nurse's name and certification number;
 - 35 (4) the prescription is dated and includes the name of the patient
36 and the name, address, and telephone number of the collaborating
37 physician;
 - 38 (5) the physician is present or readily available through
39 electronic communications;
 - 40 (6) the charts and records of the patients treated by the advanced
41 practice nurse are periodically reviewed by the collaborating
42 physician and the advanced practice nurse;
 - 43 (7) the joint protocols developed by the collaborating physician
44 and the advanced practice nurse are reviewed, updated, and signed
45 at least annually by both parties; and
 - 46 (8) the advanced practice nurse has completed six contact hours
47 of continuing professional education in pharmacology related to
48 controlled substances, including pharmacologic therapy and

1 addiction prevention and management, in accordance with
2 regulations adopted by the New Jersey Board of Nursing. The six
3 contact hours shall be in addition to New Jersey Board of Nursing
4 pharmacology education requirements for advanced practice nurses
5 related to initial certification and recertification of an advanced
6 practice nurse as set forth in N.J.A.C.13:37-7.2 **and 13:37-7.5**.

7 d. The joint protocols employed pursuant to subsections b. and
8 c. of this section shall conform with standards adopted by the
9 Director of the Division of Consumer Affairs pursuant to section 12
10 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85
11 (C.45:11-49.2), as applicable.

12 e. (Deleted by amendment, P.L.2004, c.122.)

13 f. An attending advanced practice nurse may determine and
14 certify the cause of death of the nurse's patient **'[if the nurse is the**
15 **patient's primary caregiver,]'** and **'[may]'** execute the death
16 certification pursuant to R.S.26:6-8 **'if no collaborating physician is**
17 **available to do so and the nurse is the patient's primary caregiver'**.
18 (cf: P.L.2004, c.122, s.2)

19

20 4. a. The Commissioner of Health **'[and Senior Services]'**
21 shall, in accordance with the "Administrative Procedure Act," P.L.
22 1968, c.410 (C.52:14B-1 et seq.), adopt such rules and regulations
23 as the commissioner deems necessary to carry out the provisions of
24 this act.

25 b. The New Jersey Board of Nursing shall, in accordance with
26 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1
27 et seq.), adopt such rules and regulations as the board deems
28 necessary to carry out the provisions of this act.

29

30 5. This act shall take effect on the 120th day after enactment,
31 but the Commissioner of Health **'[and Senior Services]'** and the
32 New Jersey Board of Nursing may take such anticipatory
33 administrative action in advance thereof as shall be necessary for
34 the implementation of this act.

35

36

37

38

39 _____
40 Permits attending advanced practice nurse to determine cause of
41 death and execute death certification of patient if nurse is patient's
primary caregiver.

SENATE, No. 1152

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED JANUARY 30, 2014

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

SYNOPSIS

Permits attending advanced practice nurse to determine cause of death and execute death certification of patient if nurse is patient's primary caregiver.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 4/29/2014)

S1152 WEINBERG, VITALE

2

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2 amending R.S.26:6-8, R.S.26:6-10, and P.L.1991, c.377.

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4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

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7 1. R.S.26:6-8 is amended to read as follows:

8 26:6-8. In the execution of a death certificate, the personal
9 particulars shall be obtained by the funeral director from the person
10 best qualified to supply them. The death and last sickness
11 particulars shall be supplied by the attending, covering or resident
12 physician; or if there is no attending, covering or resident physician,
13 by an attending registered professional nurse licensed by the New
14 Jersey Board of Nursing under P.L.1947, c. 262 (C. 45:11-23 et
15 seq.); or if there is no attending, covering, or resident physician or
16 attending registered professional nurse, by the county medical
17 examiner.

18 Within a reasonable time, not to exceed 24 hours after the
19 pronouncement of death, the attending, covering, or resident
20 physician, the attending advanced practice nurse pursuant to section
21 10 of P.L.1991, c.377 (C.45:11-49), or the county medical examiner
22 shall execute the death certification. The burial particulars shall be
23 supplied by the funeral director. The attending, covering, or
24 resident physician, the advanced practice nurse, the attending
25 registered professional nurse, or the county medical examiner and
26 the funeral director shall certify to the particulars supplied by them
27 by signing their names below the list of items furnished, or by
28 otherwise authenticating their identities and the information that
29 they have provided through the NJ-EDRS. If a person acting under
30 the direct supervision of the State Medical Examiner, a county
31 medical examiner, funeral director, attending, covering, or resident
32 physician, attending advanced practice nurse, or licensed health
33 care facility or other public or private institution providing medical
34 care, treatment, or confinement to persons, which is registered with
35 the NJ-EDRS, is not authorized to authenticate the information
36 required on a certificate of death or fetal death, that person may
37 enter that information into the NJ-EDRS in anticipation of its
38 authentication by the State Medical Examiner or a county medical
39 examiner, funeral director, attending, covering, or resident
40 physician, attending advanced practice nurse, local registrar, deputy
41 registrar, alternate deputy registrar or subregistrar, as applicable.

42 (cf: P.L.2003, c.221, s.5)

43

44 2. R.S.26:6-10 is amended to read as follows:

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 26:6-10. In case the physician or the advanced practice nurse
2 who last attended the deceased is unavailable, so that a certificate of
3 death cannot be obtained from **【him】** the physician or nurse in time
4 for burial or removal:

5 a. the designated covering physician shall have the primary
6 responsibility, after examining the dead body, and being satisfied
7 that death did not result from some unlawful means, to issue a death
8 certificate; and

9 b. in the absence of the designated covering physician, any
10 other physician, after examining the dead body, and being satisfied
11 that death did not result from some unlawful means, may issue a
12 death certificate.

13 (cf: P.L.2003, c.221, s.8)

14
15 3. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to read
16 as follows:

17 10. a. In addition to all other tasks which a registered
18 professional nurse may, by law, perform, an advanced practice
19 nurse may manage preventive care services **【,】** and diagnose and
20 manage deviations from wellness and long-term illnesses, consistent
21 with the needs of the patient and within the scope of practice of the
22 advanced practice nurse, by:

23 (1) initiating laboratory and other diagnostic tests;

24 (2) prescribing or ordering medications and devices, as
25 authorized by subsections b. and c. of this section; and

26 (3) prescribing or ordering treatments, including referrals to
27 other licensed health care professionals, and performing specific
28 procedures in accordance with the provisions of this subsection.

29 b. An advanced practice nurse may order medications and
30 devices in the inpatient setting, subject to the following conditions:

31 (1) the collaborating physician and advanced practice nurse
32 shall address in the joint protocols whether prior consultation with
33 the collaborating physician is required to initiate an order for a
34 controlled dangerous substance;

35 (2) the order is written in accordance with standing orders or
36 joint protocols developed in agreement between a collaborating
37 physician and the advanced practice nurse, or pursuant to the
38 specific direction of a physician;

39 (3) the advanced practice nurse authorizes the order by signing
40 **【his】** the nurse's own name, printing the name and certification
41 number, and printing the collaborating physician's name;

42 (4) the physician is present or readily available through
43 electronic communications;

44 (5) the charts and records of the patients treated by the advanced
45 practice nurse are reviewed by the collaborating physician and the
46 advanced practice nurse within the period of time specified by rule
47 adopted by the Commissioner of Health and Senior Services
48 pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);

- 1 (6) the joint protocols developed by the collaborating physician
2 and the advanced practice nurse are reviewed, updated, and signed
3 at least annually by both parties; and
- 4 (7) the advanced practice nurse has completed six contact hours
5 of continuing professional education in pharmacology related to
6 controlled substances, including pharmacologic therapy and
7 addiction prevention and management, in accordance with
8 regulations adopted by the New Jersey Board of Nursing. The six
9 contact hours shall be in addition to New Jersey Board of Nursing
10 pharmacology education requirements for advanced practice nurses
11 related to initial certification and recertification of an advanced
12 practice nurse as set forth in N.J.A.C.13:37-7.2 **and 13:37-7.5**.
- 13 c. An advanced practice nurse may prescribe medications and
14 devices in all other medically appropriate settings, subject to the
15 following conditions:
- 16 (1) the collaborating physician and advanced practice nurse
17 shall address in the joint protocols whether prior consultation with
18 the collaborating physician is required to initiate a prescription for a
19 controlled dangerous substance;
- 20 (2) the prescription is written in accordance with standing orders
21 or joint protocols developed in agreement between a collaborating
22 physician and the advanced practice nurse, or pursuant to the
23 specific direction of a physician;
- 24 (3) the advanced practice nurse writes the prescription on a New
25 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
26 et seq.), signs **his** the nurse's own name to the prescription and
27 prints **his** the nurse's name and certification number;
- 28 (4) the prescription is dated and includes the name of the patient
29 and the name, address, and telephone number of the collaborating
30 physician;
- 31 (5) the physician is present or readily available through
32 electronic communications;
- 33 (6) the charts and records of the patients treated by the advanced
34 practice nurse are periodically reviewed by the collaborating
35 physician and the advanced practice nurse;
- 36 (7) the joint protocols developed by the collaborating physician
37 and the advanced practice nurse are reviewed, updated, and signed
38 at least annually by both parties; and
- 39 (8) the advanced practice nurse has completed six contact hours
40 of continuing professional education in pharmacology related to
41 controlled substances, including pharmacologic therapy and
42 addiction prevention and management, in accordance with
43 regulations adopted by the New Jersey Board of Nursing. The six
44 contact hours shall be in addition to New Jersey Board of Nursing
45 pharmacology education requirements for advanced practice nurses
46 related to initial certification and recertification of an advanced
47 practice nurse as set forth in N.J.A.C.13:37-7.2 **and 13:37-7.5**.

1 d. The joint protocols employed pursuant to subsections b. and
2 c. of this section shall conform with standards adopted by the
3 Director of the Division of Consumer Affairs pursuant to section 12
4 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85
5 (C.45:11-49.2), as applicable.

6 e. (Deleted by amendment, P.L.2004, c.122.)

7 f. An attending advanced practice nurse may determine and
8 certify the cause of death of the nurse's patient if the nurse is the
9 patient's primary caregiver, and may execute the death certification
10 pursuant to R.S.26:6-8.

11 (cf: P.L.2004, c.122, s.2)

12

13 4. a. The Commissioner of Health and Senior Services shall, in
14 accordance with the "Administrative Procedure Act," P.L. 1968,
15 c.410 (C.52:14B-1 et seq.), adopt such rules and regulations as the
16 commissioner deems necessary to carry out the provisions of this act.

17 b. The New Jersey Board of Nursing shall, in accordance with the
18 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),
19 adopt such rules and regulations as the board deems necessary to carry
20 out the provisions of this act.

21

22 5. This act shall take effect on the 120th day after enactment,
23 but the Commissioner of Health and Senior Services and the New
24 Jersey Board of Nursing may take such anticipatory administrative
25 action in advance thereof as shall be necessary for the
26 implementation of this act.

27

28

29

STATEMENT

30

31 This bill authorizes an advanced practice nurse (APN) to
32 determine and certify the cause of death for a patient if the APN is
33 the attending nurse and the patient's primary caregiver, and to
34 execute the death certification.

35 Under current law, APNs have the authority to determine that a
36 patient has died and make the pronouncement of death (except in
37 the case of brain death), but only physicians are authorized to
38 determine and certify the cause of death for purposes of completing
39 a death certificate. This bill expands the scope of practice for APNs
40 so that, in cases where an attending APN is the patient's primary
41 caregiver, the APN also is authorized to determine and certify the
42 cause of death.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 1152

STATE OF NEW JERSEY

DATED: MARCH 17, 2014

The Senate Health, Human Services and Senior Citizens Committee reports without recommendation Senate Bill No. 1152.

This bill authorizes an advanced practice nurse (APN) to determine and certify the cause of death for a patient if the APN is the attending nurse and the patient's primary caregiver, and to execute the death certification.

Under current law, APNs have the authority to determine that a patient has died and make the pronouncement of death (except in the case of brain death), but only physicians are authorized to determine and certify the cause of death for purposes of completing a death certificate. This bill expands the scope of practice for APNs so that, in cases where an attending APN is the patient's primary caregiver, the APN also is authorized to determine and certify the cause of death.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 1152

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 5, 2015

The Assembly Health and Senior Services committee reports favorably and with committee amendments Senate Bill No. 1152.

As amended, this bill authorizes an attending advanced practice nurse (APN) to determine and certify the cause of death of a patient and execute the death certification if no collaborating physician is available to do so and the APN is the patient's primary caregiver.

Under current law, APNs are permitted to make a determination and pronouncement of death (except in the case of brain death), but only physicians are authorized to determine the cause of death and certify the cause for the purpose of completing the death certificate. This bill expands the scope of practice for APNs to authorize them to determine and certify the cause of death when the APN is the patient's primary caregiver.

As reported by the committee, this bill is identical to Assembly Bill No. 1319 ACA (Quijano/Wimberly/Munoz/Jasey), which the committee also reported on this date.

COMMITTEE AMENDMENTS:

The committee amendments revise the requirement for an advance practice nurse (APN) to execute a death certification. As originally introduced, APNs could complete the death certification if the APN is the patient's primary caregiver; as amended, an APN may complete the death certification if (1) no collaborating physician is available to do so and (2) the APN is the patient's primary caregiver.

The committee amendments make various technical revisions to the bill.

ASSEMBLY, No. 1319

STATE OF NEW JERSEY 216th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2014 SESSION

Sponsored by:

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Assemblyman BENJIE E. WIMBERLY

District 35 (Bergen and Passaic)

Assemblywoman NANCY F. MUNOZ

District 21 (Morris, Somerset and Union)

Assemblywoman MILA M. JASEY

District 27 (Essex and Morris)

Co-Sponsored by:

Assemblywoman Mosquera and Assemblyman Diegnan

SYNOPSIS

Permits attending advanced practice nurse to determine cause of death and execute death certification of patient if nurse is patient's primary caregiver.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



(Sponsorship Updated As Of: 3/28/2014)

A1319 QUIJANO, WIMBERLY

2

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2 amending R.S.26:6-8 and P.L.1991, c.377.

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9 particulars shall be obtained by the funeral director from the person
10 best qualified to supply them. The death and last sickness
11 particulars shall be supplied by the attending, covering or resident
12 physician; or if there is no attending, covering or resident physician,
13 by an attending registered professional nurse licensed by the New
14 Jersey Board of Nursing under P.L.1947, c. 262 (C. 45:11-23 et
15 seq.); or if there is no attending, covering or resident physician or
16 attending registered professional nurse, by the county medical
17 examiner.

18 Within a reasonable time, not to exceed 24 hours after the
19 pronouncement of death, the attending, covering or resident
20 physician, the attending advanced practice nurse pursuant to section
21 10 of P.L.1991, c.377 (C.45:11-49), or the county medical examiner
22 shall execute the death certification. The burial particulars shall be
23 supplied by the funeral director. The attending, covering or resident
24 physician, attending advanced practice nurse, the attending
25 registered professional nurse, or the county medical examiner and
26 the funeral director shall certify to the particulars supplied by them
27 by signing their names below the list of items furnished, or by
28 otherwise authenticating their identities and the information that
29 they have provided through the NJ-EDRS. If a person acting under
30 the direct supervision of the State Medical Examiner, a county
31 medical examiner, funeral director, attending, covering or resident
32 physician, advanced practice nurse, or licensed health care facility
33 or other public or private institution providing medical care,
34 treatment or confinement to persons, which is registered with the
35 NJ-EDRS, is not authorized to authenticate the information required
36 on a certificate of death or fetal death, that person may enter that
37 information into the NJ-EDRS in anticipation of its authentication
38 by the State Medical Examiner or a county medical examiner,
39 funeral director, attending, covering or resident physician, attending
40 advanced practice nurse, local registrar, deputy registrar, alternate
41 deputy registrar or subregistrar, as applicable.

42 (cf: P.L.2003, c.221, s.5)

43

44 2. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to
45 read as follows:

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 10. a. In addition to all other tasks which a registered
2 professional nurse may, by law, perform, an advanced practice
3 nurse may manage preventive care services, and diagnose and
4 manage deviations from wellness and long-term illnesses, consistent
5 with the needs of the patient and within the scope of practice of the
6 advanced practice nurse, by:

- 7 (1) initiating laboratory and other diagnostic tests;
8 (2) prescribing or ordering medications and devices, as
9 authorized by subsections b. and c. of this section; and
10 (3) prescribing or ordering treatments, including referrals to
11 other licensed health care professionals, and performing specific
12 procedures in accordance with the provisions of this subsection.

13 b. An advanced practice nurse may order medications and
14 devices in the inpatient setting, subject to the following conditions:

15 (1) the collaborating physician and advanced practice nurse
16 shall address in the joint protocols whether prior consultation with
17 the collaborating physician is required to initiate an order for a
18 controlled dangerous substance;

19 (2) the order is written in accordance with standing orders or
20 joint protocols developed in agreement between a collaborating
21 physician and the advanced practice nurse, or pursuant to the
22 specific direction of a physician;

23 (3) the advanced practice nurse authorizes the order by signing
24 his own name, printing the name and certification number, and
25 printing the collaborating physician's name;

26 (4) the physician is present or readily available through
27 electronic communications;

28 (5) the charts and records of the patients treated by the advanced
29 practice nurse are reviewed by the collaborating physician and the
30 advanced practice nurse within the period of time specified by rule
31 adopted by the Commissioner of Health pursuant to section 13 of
32 P.L.1991, c.377 (C.45:11-52);

33 (6) the joint protocols developed by the collaborating physician
34 and the advanced practice nurse are reviewed, updated and signed at
35 least annually by both parties; and

36 (7) the advanced practice nurse has completed six contact hours
37 of continuing professional education in pharmacology related to
38 controlled substances, including pharmacologic therapy and
39 addiction prevention and management, in accordance with
40 regulations adopted by the New Jersey Board of Nursing. The six
41 contact hours shall be in addition to New Jersey Board of Nursing
42 pharmacology education requirements for advanced practice nurses
43 related to initial certification and recertification of an advanced
44 practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.

45 c. An advanced practice nurse may prescribe medications and
46 devices in all other medically appropriate settings, subject to the
47 following conditions:

- 1 (1) the collaborating physician and advanced practice nurse
2 shall address in the joint protocols whether prior consultation with
3 the collaborating physician is required to initiate a prescription for a
4 controlled dangerous substance;
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10 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
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12 certification number;
- 13 (4) the prescription is dated and includes the name of the patient
14 and the name, address and telephone number of the collaborating
15 physician;
- 16 (5) the physician is present or readily available through
17 electronic communications;
- 18 (6) the charts and records of the patients treated by the advanced
19 practice nurse are periodically reviewed by the collaborating
20 physician and the advanced practice nurse;
- 21 (7) the joint protocols developed by the collaborating physician
22 and the advanced practice nurse are reviewed, updated and signed at
23 least annually by both parties; and
- 24 (8) the advanced practice nurse has completed six contact hours
25 of continuing professional education in pharmacology related to
26 controlled substances, including pharmacologic therapy and
27 addiction prevention and management, in accordance with
28 regulations adopted by the New Jersey Board of Nursing. The six
29 contact hours shall be in addition to New Jersey Board of Nursing
30 pharmacology education requirements for advanced practice nurses
31 related to initial certification and recertification of an advanced
32 practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.
- 33 d. The joint protocols employed pursuant to subsections b. and
34 c. of this section shall conform with standards adopted by the
35 Director of the Division of Consumer Affairs pursuant to section 12
36 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85
37 (C.45:11-49.2), as applicable.
- 38 e. (Deleted by amendment, P.L.2004, c.122.)
- 39 f. An attending advanced practice nurse may determine and
40 certify the cause of death of the nurse's patient when no attending,
41 covering, or resident physician is available to do so, and may
42 execute the death certification pursuant to R.S.26:6-8.
43 (cf: P.L.2004, c.122, s.2)
- 44
- 45 3. a. The Commissioner of Health shall, in accordance with the
46 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et

1 seq.), adopt such rules and regulations as the commissioner deems
2 necessary to carry out the provisions of this act.

3 b. The New Jersey Board of Nursing shall, in accordance with
4 the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1
5 et seq.), adopt such rules and regulations as the board deems
6 necessary to carry out the provisions of this act.
7

8 4. This act shall take effect on the 120th day after enactment,
9 but the Commissioner of Health and the New Jersey Board of
10 Nursing may take such anticipatory administrative action in
11 advance thereof as shall be necessary for the implementation of this
12 act.
13

14
15 STATEMENT
16

17 This bill authorizes an attending advanced practice nurse (APN)
18 to determine and certify the cause of death of the nurse’s patient
19 when no attending, covering, or resident physician is available to do
20 so, and to execute the death certification pursuant to R.S.26:6-8.

21 Under current law (section 4 of P.L.1983, c.308; C.26:6-8.1),
22 when there has been an apparent death, a registered professional
23 nurse is permitted to make the actual determination and
24 pronouncement of death (except in the case of brain death), but only
25 a physician is authorized to determine the cause of death and certify
26 the cause for the purpose of completing the death certificate.

27 Since the APN scope of practice includes the diagnosing and
28 management of deviations from wellness and long-term illnesses,
29 and an APN may be a patient’s primary treating health professional,
30 it is appropriate that, in the event of the patient’s death, the
31 attending APN be permitted to determine and certify the cause of
32 death. This bill, therefore, expands the scope of practice for APNs
33 to authorize them to make the determination of the cause of death
34 and to certify the cause of death for completion of the death
35 certificate when a physician is not available to do so.

36 The bill takes effect on the 120th day after enactment, but
37 authorizes the Commissioner of Health and the New Jersey Board
38 of Nursing to take such anticipatory administrative action in
39 advance of the effective date as shall be necessary for the
40 implementation of the bill.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1319

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 5, 2015

The Assembly Health and Senior Services committee reports favorably and with committee amendments Assembly Bill No. 1319.

As amended, this bill authorizes an attending advanced practice nurse (APN) to determine and certify the cause of death of a patient and execute the death certification if no collaborating physician is available to do so and the APN is the patient's primary caregiver.

Under current law, APNs are permitted to make a determination and pronouncement of death (except in the case of brain death), but only physicians are authorized to determine the cause of death and certify the cause for the purpose of completing the death certificate. This bill expands the scope of practice for APNs to authorize them to determine and certify the cause of death when the APN is the patient's primary caregiver.

As reported by the committee, this bill is identical to Senate Bill No. 1152 ACA (Weinberg/Vitale/Madden), which the committee also reported on this date.

This bill was pre-filed for introduction in the 2014-2015 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amendments revise the requirement for an advance practice nurse (APN) to execute a death certification. As originally introduced, APNs could complete the death certification only when there is no attending, covering, or resident physician available; as amended, an APN may complete the death certification if (1) no collaborating physician is available to do so and (2) the APN is the patient's primary caregiver.

The committee amendments add a new section amending R.S.26:6-10, which provides that, if the attending physician is unable to complete a death certification in time for burial or removal, a designated covering physician, or any other physician in the absence of a designated covering physician, may issue a death certificate upon determining to the physician's satisfaction that the death did not result

from unlawful means. The committee amendments update this section to include a reference to APNs.

The committee amendments make various technical revisions to the bill.