

LEGISLATIVE HISTORY CHECKLIST

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LAWS of 1999

CHAPTER: 85

NJSA: 45:11-23

(Nurses - prescribe controlled dangerous substances)

BILL NO: A1581 (Substituted for S174 - 1st Reprint)

SPONSOR(S): Wright and Doria

DATE INTRODUCED: Pre-filed

COMMITTEE:

ASSEMBLY: Health

SENATE: ---

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE:

ASSEMBLY: December 17, 1998

SENATE: February 25, 1999

DATE OF APPROVAL: April 30, 1999

THE FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL: 1st Reprint

(Amendments during passage denoted by superscript numbers)

A1581

SPONSORS STATEMENT: *Yes*

(Begins on page 3 of original bill)

COMMITTEE STATEMENT:

ASSEMBLY: *Yes*

SENATE: *No*

FLOOR AMENDMENT STATEMENTS: *No*

LEGISLATIVE FISCAL ESTIMATE: *No*

S174

SPONSORS STATEMENT: *Yes*
(Begins on page 4 of original bill)

COMMITTEE STATEMENT:

ASSEMBLY: *No*

SENATE: *Yes*

FLOOR AMENDMENT STATEMENTS: *No*

LEGISLATIVE FISCAL ESTIMATE: *No*

GOVERNOR'S ACTIONS

VETO MESSAGE: *No*

GOVERNOR'S PRESS RELEASE ON SIGNING: *Yes*

THE FOLLOWING WERE PRINTED:

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REPORTS: *No*

HEARINGS: *No*

NEWSPAPER ARTICLES: *No*

P.L. 1999, CHAPTER 85, *approved April 30, 1999*
Assembly, No. 1581 (*First Reprint*)

1 AN ACT concerning ¹[nurse practitioners/clinical nurse specialists
2 and] advanced practice nurses,¹ amending ¹P.L.1947, c.262,
3 amending the title and body of¹ P.L.1991, c.377 ¹and
4 supplementing that act¹.

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

8
9 ¹1. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to read
10 as follows:

11 1. As used in this act:

12 a. The words "the board" mean the New Jersey Board of Nursing
13 created by this act.

14 b. The practice of nursing as a registered professional nurse is
15 defined as diagnosing and treating human responses to actual or
16 potential physical and emotional health problems, through such
17 services as casefinding, health teaching, health counseling, and
18 provision of care supportive to or restorative of life and well-being,
19 and executing medical regimens as prescribed by a licensed or
20 otherwise legally authorized physician or dentist. Diagnosing in the
21 context of nursing practice means that identification of and
22 discrimination between physical and psychosocial signs and symptoms
23 essential to effective execution and management of the nursing
24 regimen. Such diagnostic privilege is distinct from a medical
25 diagnosis. Treating means selection and performance of those
26 therapeutic measures essential to the effective management and
27 execution of the nursing regimen. Human responses means those
28 signs, symptoms, and processes which denote the individual's health
29 need or reaction to an actual or potential health problem.

30 The practice of nursing as a licensed practical nurse is defined as
31 performing tasks and responsibilities within the framework of
32 casefinding; reinforcing the patient and family teaching program
33 through health teaching, health counseling and provision of supportive
34 and restorative care, under the direction of a registered nurse or
35 licensed or otherwise legally authorized physician or dentist.

36 The terms "nursing," "professional nursing," and "practical nursing"
37 as used in this act shall not be construed to include nursing by students

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:

¹ Assembly AHL committee amendments adopted December 3, 1998.

1 enrolled in a school of nursing accredited or approved by the board
2 performed in the prescribed course of study and training, nor nursing
3 performed in hospitals, institutions and agencies approved by the
4 board for this purpose by graduates of such schools pending the results
5 of the first licensing examination scheduled by the board following
6 completion of a course of study and training and the attaining of age
7 qualification for examination, or thereafter with the approval of the
8 board in the case of each individual pending results of subsequent
9 examinations; nor shall any of said terms be construed to include
10 nursing performed for a period not exceeding 12 months unless the
11 board shall approve a longer period, in hospitals, institutions or
12 agencies by a nurse legally qualified under the laws of another state or
13 country, pending results of an application for licensing under this act,
14 if such nurse does not represent or hold himself or herself out as a
15 nurse licensed to practice under this act; nor shall any of said terms be
16 construed to include the practice of nursing in this State by any legally
17 qualified nurse of another state whose engagement made outside of
18 this State requires such nurse to accompany and care for the patient
19 while in this State during the period of such engagement, not to
20 exceed six months in this State, if such nurse does not represent or
21 hold himself or herself out as a nurse licensed to practice in this State;
22 nor shall any of said terms be construed to include nursing performed
23 by employees or officers of the United States Government or any
24 agency or service thereof while in the discharge of his or her official
25 duties; nor shall any of said terms be construed to include services
26 performed by nurses aides, attendants, orderlies and ward helpers in
27 hospitals, institutions and agencies or by technicians, physiotherapists,
28 or medical secretaries, and such duties performed by said persons
29 aforementioned shall not be subject to rules or regulations which the
30 board may prescribe concerning nursing; nor shall any of said terms be
31 construed to include first aid nursing assistance, or gratuitous care by
32 friends or members of the family of a sick or infirm person, or
33 incidental care of the sick by a person employed primarily as a
34 domestic or housekeeper, notwithstanding that the occasion for such
35 employment may be sickness, if such incidental care does not
36 constitute professional nursing and such person does not claim or
37 purport to be a licensed nurse; nor shall any of said terms be construed
38 to include services rendered in accordance with the practice of the
39 religious tenets of any well-recognized church or denomination which
40 subscribes to the art of healing by prayer. A person who is otherwise
41 qualified shall not be denied licensure as a professional nurse or
42 practical nurse by reason of the circumstances that such person is in
43 religious life and has taken a vow of poverty.

44 c. "Homemaker-home health aide" means a person who is
45 employed by a home care services agency and who is performing
46 delegated nursing regimens or nursing tasks delegated through the

1 authority of a duly licensed registered professional nurse. "Home care
2 services agency" means home health agencies licensed by the
3 Department of Health and Senior Services pursuant to P.L.1971, c.136
4 (C.26:2H-1 et al.), nonprofit homemaker-home health aide agencies,
5 and employment agencies and temporary help services firms regulated
6 by the Director of the Division of Consumer Affairs in the Department
7 of Law and Public Safety and the Attorney General pursuant to
8 P.L.1989, c.331 (C.34:8-43 et seq.) and P.L.1960, c.39 (C.56:8-1 et
9 seq.) respectively, which are engaged in the business of procuring or
10 offering to procure employment for homemaker-home health aides,
11 where a fee is exacted, charged or received directly or indirectly for
12 procuring or offering to procure that employment.

13 d. ["Nurse practitioner/clinical nurse specialist"] "Advanced
14 practice nurse" means a person who holds a certification in accordance
15 with section 8 or 9 of P.L.1991, c.377 (C.45:11-47 or 45:11-48).

16 e. "Collaborating physician" means a person licensed to practice
17 medicine and surgery pursuant to chapter 9 of Title 45 of the Revised
18 Statutes who agrees to work with [a nurse practitioner/clinical nurse
19 specialist] an advanced practice nurse.

20 Nothing in this act shall confer the authority to a person licensed to
21 practice nursing to practice another health profession as currently
22 defined in Title 45 of the Revised Statutes.¹

23 (cf: P.L.1991, c.377, s.2)

24

25 ¹2. Section 2 of P.L.1947, c.262 (C.45:11-24) is amended to read
26 as follows:

27 2. a. The board; appointment; terms. In addition to the members
28 appointed to represent the interests of the public pursuant to P.L.1971,
29 c.60 as amended by P.L.1977, c.285 (C.45:1-2.2) the New Jersey
30 Board of Nursing shall consist of 10 members, six of whom shall be
31 registered professional nurses, two of whom shall be licensed practical
32 nurses, one of whom shall be [a nurse practitioner/clinical nurse
33 specialist] an advanced practice nurse, and one of whom shall be an
34 additional public member, all to be appointed by the Governor.
35 Appointments to the board shall be for terms of five years or for the
36 unexpired portion of a term in the case of a vacancy for any cause
37 within a term, and until a successor shall be appointed and qualified.
38 In making appointments the Governor shall give due consideration to,
39 but shall not be bound by, recommendations submitted by the various
40 nurses' professional associations of this State. Upon notice and
41 hearing, the Governor may remove from office any member of the
42 board for neglect of duty, incompetency, unprofessional or
43 dishonorable conduct.

44 b. Qualifications for appointment. The [nurse practitioner/clinical
45 nurse specialist] advanced practice nurse member shall be a resident
46 of this State, shall be a graduate of an accredited [nurse

1 practitioner/clinical nurse specialist] advanced practice nurse program,
2 shall have had at least five years' experience in professional nursing,
3 shall at the time of appointment be actively working as [a nurse
4 practitioner/clinical nurse specialist] an advanced practice nurse, and,
5 except for the member first appointed, shall hold a certification as [a
6 nurse practitioner/clinical nurse specialist] an advanced practice nurse
7 pursuant to P.L.1991, c.377 (C.45:11-45 et al.). Each registered
8 professional nurse member of the board shall be a citizen of the United
9 States and a resident of this State; shall be a graduate of an accredited
10 school of nursing within the United States; shall be a registered nurse
11 in this State; shall have had at least five years' experience in
12 professional nursing following graduation from an accredited school
13 of nursing; and shall at the time of appointment be actively engaged in
14 nursing or work relating thereto. The licensed practical nurse
15 members of the board shall be citizens of the United States and
16 residents of this State; shall hold a valid license to practice practical
17 nursing in this State; shall have had at least three years' experience in
18 practical nursing; and shall at the time of appointment be actively
19 engaged in practical nursing or work related thereto.

20 c. Oath or affirmation of office. Within 30 days after receipt of
21 the commission, each appointee shall take, subscribe and file in the
22 office of the Secretary of State the oath or affirmation prescribed by
23 law.

24 d. Duties and powers. The board shall have the following duties
25 and powers: (1) It shall hold annual meetings and such other meetings
26 as it may deem necessary at such times and places as the board shall
27 prescribe and a majority of the board including one officer shall
28 constitute a quorum. (2) It shall elect from its members and prescribe
29 the duties of a president and secretary-treasurer, each of whom shall
30 serve for one year and until a successor is elected. (3) It shall appoint
31 and prescribe the duties of an executive secretary to the board who
32 need not be a member thereof but who shall be a citizen of the United
33 States, a graduate of a college or university with a major in nursing
34 education, a registered nurse of this State with at least five years'
35 experience in teaching or administration or both in an accredited
36 school of professional nursing, or have equivalent qualifications as
37 determined by the board. The executive secretary shall hold office
38 during the will and pleasure of the board. (4) It shall employ and
39 prescribe the duties of such persons as in its judgment shall be
40 necessary for the proper performance and execution of the duties and
41 powers of the board. (5) It shall determine and pay reasonable
42 compensation and necessary expenses of the executive secretary and
43 all employees of the board. (6) It shall pay to each member of the
44 board the compensation hereinafter provided. (7) It shall have a
45 common seal, keep an official record of all its meetings, and through
46 its secretary-treasurer report annually to the Governor the work of the

1 board. (8) It shall examine applicants for a license or renewals thereof,
2 issue, renew, revoke and suspend licenses, as hereinafter provided. (9)
3 It shall in its discretion investigate and prosecute all violations of
4 provisions of this act. (10) It shall keep an official record which shall
5 show the name, age, nativity and permanent place of residence of each
6 applicant and licensee and such further information concerning each
7 applicant and licensee as the board shall deem advisable. The record
8 shall show also whether the applicant was examined, licensed or
9 rejected under this and any prior act. Copies of any of the entries of
10 the record or of any certificate issued by the board may be
11 authenticated by any member of the board under its seal and when so
12 authenticated shall be evidence in all courts of this State of the same
13 weight and force as the original thereof. For authenticating a copy of
14 any entry or entries contained in its record the board shall be paid a fee
15 of \$3.00, but such authentication, if made at the request of any public
16 agency of this or any other jurisdiction, may be without fee. (11) In its
17 discretion it may publish at such times as it shall determine a list of
18 nurses licensed under this act, a list of schools of nursing accredited
19 or approved under this act, and such other information as it shall deem
20 advisable. (12) It shall prescribe standards and curricula for schools of
21 nursing and evaluate and approve courses for affiliation. (13) It shall
22 hear and determine applications for accreditation of schools of
23 professional nursing, conduct investigations before and after
24 accreditation of such schools and institutions with which they are
25 affiliated, and issue, suspend or revoke certificates of accreditation as
26 hereinafter provided. (14) It shall approve schools of practical nursing
27 which shall conform to the standards, curricula, and requirements
28 prescribed by the board, and suspend or revoke approval for violations
29 thereof; provided, that this power shall not extend to schools operated
30 by any board of education in this State. (15) It may consult with the
31 Medical Society of New Jersey and the New Jersey Hospital
32 Association with respect to any matter relating to the administration
33 of this act and shall consult with those associations with respect to
34 standards and curricula and any change thereof for schools of nursing.
35 (16) It shall issue subpoenas for the attendance of witnesses and
36 production of documents at any hearing before the board authorized
37 by this act and any member of the board shall administer an oath or
38 affirmation to persons appearing to give testimony at such hearings.
39 (17) It may conduct any investigations, studies of nursing and nursing
40 education and related matters, and prepare and issue such publications
41 as in the judgment of the board will advance the profession of nursing
42 and its service to the public. (18) It shall perform all other functions
43 which are provided in this act to be performed by it or which in the
44 judgment of the board are necessary or proper for the administration
45 of this act. (19) It shall from time to time prescribe rules and
46 regulations not inconsistent with this act. (20) It shall prescribe

1 standards and curricula for homemaker-home health aide education
2 and training programs which a homemaker-home health aide shall
3 complete in order to work in this State. (21) It shall review
4 applications to provide homemaker-home health aide training
5 programs and shall issue, suspend or revoke program approval. (22)
6 It shall establish and maintain a registry of all individuals who have
7 successfully completed a homemaker-home health aide training and
8 competency evaluation program. (23) It shall prescribe standards and
9 requirements for a competency evaluation program resulting in
10 certification of the homemaker-home health aide, and the renewal,
11 revocation, and suspension of that certification. (24) It shall review
12 applications for homemaker home-health aide certification and shall
13 issue, suspend, revoke, or fail to renew certifications and conduct
14 investigations pursuant to the provisions of P.L.1978, c.73 (C.45:1-14
15 et seq.).

16 e. Compensation. Each member of the board shall receive \$15.00
17 per day for each day in which such member is actually engaged in the
18 discharge of duties and traveling and other expenses necessarily
19 incurred in the discharge of duties.¹

20 (cf: P.L.1991, c.377, s.3)

21

22 ^{13.} The Title of P.L.1991, c.377 is amended to read as follows:

23 **AN ACT** providing for the certification of [nurse practitioners/clinical
24 nurse specialists] advanced practice nurses and granting them
25 prescriptive powers under certain circumstances, and revising parts
26 of the statutory law.¹

27 (cf: P.L.1991, c.377, Title)

28

29 ^{14.} Section 1 of P.L.1991, c.377 (C.45:11-45) is amended to read
30 as follows:

31 1. This act shall be known and may be cited as the ["Nurse
32 Practitioner/Clinical Nurse Specialist] Advanced Practice Nurse
33 Certification Act."¹

34 (cf: P.L.1991, c.377, s.1)

35

36 ^{15.} Section 7 of P.L.1991, c.377 (C.45:11-46) is amended to read
37 as follows:

38 7. a. (1) No person shall practice as [a nurse practitioner/clinical
39 nurse specialist] an advanced practice nurse or present, call or
40 represent himself as [a nurse practitioner/clinical nurse specialist] an
41 advanced practice nurse unless certified in accordance with sections
42 8 or 9 of P.L.1991, c.377 (C.45:11-47 or 45:11-48).

43 (2) Nothing in this act shall be construed to limit, preclude, or
44 otherwise interfere with the practices of other persons licensed by
45 appropriate agencies of the State of New Jersey, provided that such
46 duties are consistent with the accepted standards of the person's

1 profession and the person does not represent himself as [a nurse
2 practitioner/clinical nurse specialist] an advanced practice nurse.

3 b. No person shall assume, represent himself as, or use the [titles
4 or designations "nurse practitioner," "clinical nurse specialist" or
5 "nurse practitioner/clinical nurse specialist"] title or designation
6 advanced practice nurse or the [abbreviations "N.P.," "C.N.S.," or
7 "N.P./C.N.S."] abbreviation "A.P.N." or any other title or
8 designation which indicates or implies that he is [a nurse
9 practitioner/clinical nurse specialist] an advanced practice nurse unless
10 certified pursuant to sections 8 or 9 of P.L.1991, c.377 (C.45:11-47
11 or 45:11-48).

12 c. Whenever the titles or designations "nurse practitioner," "clinical
13 nurse specialist" or "nurse practitioner/clinical nurse specialist" occur
14 or any reference is made thereto in any law, contract or document, the
15 same shall be deemed to mean or refer to the title or designation
16 "advanced practice nurse."¹

17 (cf: P.L.1991, c.377, s.7)

18

19 ¹6. Section 8 of P.L.1991, c.377 (C.45:11-47) is amended to read
20 as follows:

21 8. a. The New Jersey Board of Nursing may issue a certification as
22 [a nurse practitioner/clinical nurse specialist] an advanced practice
23 nurse to an applicant who fulfills the following requirements:

- 24 (1) Is at least 18 years of age;
25 (2) Is of good moral character;
26 (3) Is a registered professional nurse;
27 (4) Has successfully completed an educational program, including
28 pharmacology, approved by the board; and
29 (5) Has passed a written examination approved by the board.

30 b. In addition to the requirements of subsection a. of this section,
31 an applicant for renewal of a certification as [a nurse
32 practitioner/clinical nurse specialist] an advanced practice nurse shall
33 present satisfactory evidence that, in the period since the certification
34 was issued or last renewed, all continuing education requirements have
35 been completed as required by regulations adopted by the board.

36 c. The board may accept, in lieu of the written examination
37 required by paragraph (5) of subsection a. of this section, proof that
38 an applicant for certification holds a current certification in a state
39 which has standards substantially equivalent to those of this State.¹

40 (cf: P.L.1991, c.377, s.8)

41

42 ¹[1.] 7.¹ Section 10 of P.L.1991, c.377 (C.45:11-49) is amended
43 to read as follows:

44 10. a. In addition to all other tasks which a registered professional
45 nurse may, by law, perform, ¹[a nurse practitioner/clinical nurse

- 1 specialist] an advanced practice nurse¹ may manage specific common
2 deviations from wellness and stabilized long-term illnesses by:
- 3 (1) initiating laboratory and other diagnostic tests; and
4 (2) prescribing or ordering medications and devices, as authorized
5 by subsections b. and c. of this section.
- 6 b. ¹[A nurse practitioner/clinical nurse specialist] An advanced
7 practice nurse¹ may order medications and devices in the inpatient
8 setting, subject to the following conditions:
- 9 (1) [no controlled dangerous substances may be ordered;]
10 ¹[(Deleted by amendment, P.L., c.) (pending before the Legislature
11 as this bill).] Controlled dangerous substances may be ordered:
- 12 (a) to continue or reissue an order or prescription for a controlled
13 dangerous substance originally ordered or prescribed by the
14 collaborating physician or to otherwise adjust the dosage of that
15 medication, provided there is prior consultation with the collaborating
16 physician or a physician designated by the collaborating physician; or
17 (b) for a patient in an end-of-life situation or as part of a treatment
18 plan for a patient with a terminal illness.¹
- 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 ¹[nurse practitioner/clinical nurse specialist]
22 advanced practice nurse¹, or pursuant to the specific direction of a
23 physician;
- 24 (3) the ¹[nurse practitioner/clinical nurse specialist] advanced
25 practice nurse¹ authorizes the order by signing his own name, printing
26 the name and certification number, and printing the collaborating
27 physician's name;
- 28 (4) the physician is present or readily available through electronic
29 communications;
- 30 (5) the charts and records of the patients treated by the ¹[nurse
31 practitioner/clinical nurse specialist] advanced practice nurse¹ are
32 reviewed by the collaborating physician and the ¹[nurse
33 practitioner/clinical nurse specialist] advanced practice nurse¹ within
34 the period of time specified by rule adopted by the ¹[State]¹
35 Commissioner of Health ¹and Senior Services¹ pursuant to section 13
36 of P.L.1991, c.377 (C.45:11-52); and
- 37 (6) the joint protocols developed by the collaborating physician
38 and the ¹[nurse practitioner/clinical nurse specialist] advanced
39 practice nurse¹ are reviewed, updated and signed at least annually by
40 both parties.
- 41 c. ¹[A nurse practitioner/clinical nurse specialist] An advanced
42 practice nurse¹ may prescribe medications and devices in all other
43 medically appropriate settings, subject to the following conditions:
- 44 (1) [no controlled dangerous substances may be prescribed;]
45 ¹[(Deleted by amendment, P.L., c.) (pending before the Legislature

1 as this bill).] Controlled dangerous substances may be prescribed:
2 (a) to continue or reissue an order or prescription for a controlled
3 dangerous substance originally ordered or prescribed by the
4 collaborating physician or to otherwise adjust the dosage of that
5 medication, provided there is prior consultation with the collaborating
6 physician or a physician designated by the collaborating physician; or
7 (b) for a patient in an end-of-life situation or as part of a treatment
8 plan for a patient with a terminal illness.¹
9 (2) the prescription is written in accordance with standing orders
10 or joint protocols developed in agreement between a collaborating
11 physician and the ¹[nurse practitioner/clinical nurse specialist]
12 advanced practice nurse¹, or pursuant to the specific direction of a
13 physician;
14 (3) the ¹[nurse practitioner/clinical nurse specialist] advanced
15 practice nurse¹ writes the prescription on the prescription blank of the
16 collaborating physician, signs his name to the prescription and prints
17 his name and certification number;
18 (4) the prescription is dated and includes the name of the patient
19 and the name, address and telephone number of the collaborating
20 physician;
21 (5) the physician is present or readily available through electronic
22 communications;
23 (6) the charts and records of the patients treated by the ¹[nurse
24 practitioner/clinical nurse specialist] advanced practice nurse¹ are
25 periodically reviewed by the collaborating physician and the ¹[nurse
26 practitioner/clinical nurse specialist] advanced practice nurse¹; and
27 (7) the joint protocols developed by the collaborating physician
28 and the ¹[nurse practitioner/clinical nurse specialist] advanced
29 practice nurse¹ are reviewed, updated and signed at least annually by
30 both parties.
31 d. The joint protocols employed pursuant to subsections b. and c.
32 of this section shall conform with standards adopted by the Director
33 of the Division of Consumer Affairs pursuant to section 12 of
34 P.L.1991, c.377 (C.45:11-51) ¹or section 10 of P.L. , c. (pending
35 before the Legislature as this bill), as applicable.
36 e. As used in this section: "end-of-life situation" means having an
37 incurable medical condition caused by injury, disease or illness which
38 to a reasonable degree of medical certainty makes death imminent, and
39 from which there can be no recovery despite the application of life-
40 sustaining procedures; and "terminal illness" means a medical
41 condition which results in a patient's life expectancy being 12 months
42 or less¹.
43 (cf: P.L.1991, c.377, s.10)
44

45 ¹8. Section 11 of P.L.1991, c.377 (C.45:11-50) is amended to read
46 as follows:

- 1 11. In addition to such other powers as it may by law possess, the
2 New Jersey Board of Nursing shall have the following powers and
3 duties;
- 4 a. To promulgate, pursuant to the "Administrative Procedure
5 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), rules and regulations to
6 effectuate the purposes of this act, except for those subjects of
7 rule-making authority allocated to the Director of the Division of
8 Consumer Affairs pursuant to section 12 of P.L.1991, c.377
9 (C.45:11-51) or to the [State] Commissioner of Health and Senior
10 Services pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);
- 11 b. To evaluate and pass upon the qualifications of candidates for
12 certification as [nurse practitioners/clinical nurse specialists]
13 advanced practice nurses;
- 14 c. To evaluate and pass upon national accreditation organizations
15 and the holders of certificates from those organizations as necessary
16 to award certificates pursuant to section 9 of P.L.1991, c.377
17 (C.45:11-48);
- 18 d. To establish specialty areas of practice for [nurse
19 practitioners/clinical nurse specialists] advanced practice nurses;
- 20 e. To take disciplinary action, in accordance with P.L.1978, c.73
21 (C.45:1-14 et seq.) against [a nurse practitioner/clinical nurse
22 specialist] an advanced practice nurse who violates the provisions of
23 this act, any regulation promulgated thereunder, or P.L.1978, c.73
24 (C.45:1-14 et seq.);
- 25 f. To approve the examination to be taken by candidates for
26 certification;
- 27 g. To set standards of professional conduct for [nurse
28 practitioners/clinical nurse specialists] advanced practice nurses;
- 29 h. To set fees for examinations, certification and other services
30 consistent with section 2 of P.L.1974, c.46 (C.45:1-3.2);
- 31 i. To set standards for and approve continuing education
32 programs; and
- 33 j. To determine whether the requirements of another state with
34 respect to certification as [a nurse practitioner/clinical nurse
35 specialist] an advanced practice nurse are substantially equivalent to
36 those of this State in accordance with subsection c. of section 8 of
37 P.L.1991, c.377 (C.45:11-47).¹
38 (cf: P.L.1991, c.377, s.11)

39
40 ¹9. Section 13 of P.L.1991, c.377 (C.45:11-52) is amended to read
41 as follows:

42 13. The [State] Commissioner of Health and Senior Services shall,
43 by rule adopted in accordance with the "Administrative Procedure
44 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), establish the periods of
45 time within which the charts and records of the patients treated by the

1 [nurse practitioner/clinical nurse specialist] advanced practice nurse
 2 in an inpatient setting shall be reviewed by the [nurse
 3 practitioner/clinical nurse specialist] advanced practice nurse and the
 4 collaborating physician, as required by paragraph (5) of subsection b.
 5 of section 10 of P.L.1991, c.377 (C.45:11-49).¹
 6 (cf: P.L.1991, c.377, s.13)

7
 8 ¹10. (New section) No later than the 180th day after the enactment
 9 of P.L. , c. (pending before the Legislature as this bill), the
 10 Director of the Division of Consumer Affairs in the Department of
 11 Law and Public Safety shall adopt standards for the joint protocols
 12 required by subsection d. of section 10 of P.L.1991, c.377 (C.45:11-
 13 49), which shall apply to the ordering or prescription of controlled
 14 dangerous substances by an advanced practice nurse pursuant to that
 15 section. The standards shall be adopted by regulation in accordance
 16 with the "Administrative Procedure Act," P.L.1968, c.410
 17 (C.52:14B-1 et seq.).¹

18
 19 ¹[2.] 11.¹ This act shall take effect ¹on the 180th day after
 20 enactment, except that section 10 shall take effect¹ immediately.

21
 22
 23
 24
 25 _____
 26 Allows advanced practice nurses to order and prescribe controlled
 27 dangerous substances to patients in end-of-life situations or with
 terminal illnesses.

ASSEMBLY, No. 1581

STATE OF NEW JERSEY 208th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 1998 SESSION

Sponsored by:

Assemblywoman BARBARA WRIGHT

District 14 (Mercer and Middlesex)

Assemblyman JOSEPH V. DORIA, JR.

District 31 (Hudson)

Co-Sponsored by:

Assemblymen Gibson, Biondi, Cottrell, Felice, Assemblywoman Friscia, Assemblymen Holzapfel, Kramer, T.Smith, Assemblywoman Watson Coleman, Assemblymen Luongo, Gusciora, Assemblywomen Murphy, Quigley, Assemblymen Blee, Garrett, LeFevre, Roberts, Talarico, Barnes, Assemblywoman Cruz-Perez, Assemblymen Geist, Bateman, Assemblywoman Crecco, Assemblymen Faulkner, Greenwald, Gregg, Assemblywomen Heck, Previte, Assemblyman Thompson and Assemblywoman Vandervalk

SYNOPSIS

Allows nurse practitioners/clinical nurse specialists to order and prescribe controlled dangerous substances.

CURRENT VERSION OF TEXT

As Introduced.

(Sponsorship Updated As Of: 10/30/1998)

1 AN ACT concerning nurse practitioners/clinical nurse specialists and
2 amending 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. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to read
8 as follows:

9 10. a. In addition to all other tasks which a registered professional
10 nurse may, by law, perform, a nurse practitioner/clinical nurse
11 specialist may manage specific common deviations from wellness and
12 stabilized long-term illnesses by:

- 13 (1) initiating laboratory and other diagnostic tests; and
14 (2) prescribing or ordering medications and devices, as authorized
15 by subsections b. and c. of this section.

16 b. A nurse practitioner/clinical nurse specialist may order
17 medications and devices in the inpatient setting, subject to the
18 following conditions:

19 (1) **[no controlled dangerous substances may be ordered;]**
20 (Deleted by amendment, P.L., c.) (pending before the Legislature as
21 this bill).

22 (2) the order is written in accordance with standing orders or joint
23 protocols developed in agreement between a collaborating physician
24 and the nurse practitioner/clinical nurse specialist, or pursuant to the
25 specific direction of a physician;

26 (3) the nurse practitioner/clinical nurse specialist authorizes the
27 order by signing his own name, printing the name and certification
28 number, and printing the collaborating physician's name;

29 (4) the physician is present or readily available through electronic
30 communications;

31 (5) the charts and records of the patients treated by the nurse
32 practitioner/clinical nurse specialist are reviewed by the collaborating
33 physician and the nurse practitioner/clinical nurse specialist within the
34 period of time specified by rule adopted by the State Commissioner of
35 Health pursuant to section 13 of P.L.1991, c.377 (C.45:11-52); and

36 (6) the joint protocols developed by the collaborating physician and
37 the nurse practitioner/clinical nurse specialist are reviewed, updated
38 and signed at least annually by both parties.

39 c. A nurse practitioner/clinical nurse specialist may prescribe
40 medications and devices in all other medically appropriate settings,
41 subject to the following conditions:

42 (1) **[no controlled dangerous substances may be prescribed;]**
43 (Deleted by amendment, P.L. , c.) (pending before the Legislature

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 as this bill).

2 (2) the prescription is written in accordance with standing orders
3 or joint protocols developed in agreement between a collaborating
4 physician and the nurse practitioner/clinical nurse specialist, or
5 pursuant to the specific direction of a physician;

6 (3) the nurse practitioner/clinical nurse specialist writes the
7 prescription on the prescription blank of the collaborating physician,
8 signs his name to the prescription and prints his name and certification
9 number;

10 (4) the prescription is dated and includes the name of the patient
11 and the name, address and telephone number of the collaborating
12 physician;

13 (5) the physician is present or readily available through electronic
14 communications;

15 (6) the charts and records of the patients treated by the nurse
16 practitioner/clinical nurse specialist are periodically reviewed by the
17 collaborating physician and the nurse practitioner/clinical nurse
18 specialist; and

19 (7) the joint protocols developed by the collaborating physician and
20 the nurse practitioner/clinical nurse specialist are reviewed, updated
21 and signed at least annually by both parties.

22 d. The joint protocols employed pursuant to subsections b. and c.
23 of this section shall conform with standards adopted by the Director
24 of the Division of Consumer Affairs pursuant to section 12 of
25 P.L.1991, c.377 (C.45:11-51).

26 (cf: P.L.1991, c.377, s.10)

27

28 2. This act shall take effect immediately.

29

30

31

STATEMENT

32

33 This bill allows nurse practitioners and clinical nurse specialists to
34 order and prescribe controlled dangerous substances by deleting
35 existing statutory provisions that specifically prohibit this. Nurse
36 practitioners/clinical nurse specialists would then be subject to the
37 requirements of existing federal and State statutes and regulations
38 governing the issuance of orders and prescriptions for controlled
39 dangerous substances.

40 Currently, nurse practitioners have statutory authority to prescribe
41 controlled substances, with various limitations and degrees of
42 physician involvement, in 36 states.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1581

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 3, 1998

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 1581.

As amended by the committee, this bill amends N.J.S.A.45:11-49 to allow advanced practice nurses to order or prescribe controlled dangerous substances:

- to continue or reissue an order or prescription for a controlled dangerous substance originally ordered or prescribed by the collaborating physician or to otherwise adjust the dosage of that medication, provided there is prior consultation with the collaborating physician or a physician designated by the collaborating physician; or
- for a patient in an end-of-life situation or as part of a treatment plan for a patient with a terminal illness.

Advanced practice nurses would then be subject to the requirements of existing federal and State statutes and regulations governing the issuance of orders and prescriptions for controlled dangerous substances in those situations.

Currently, nurse practitioners have statutory authority to prescribe controlled substances, with various limitations and degrees of physician involvement, in 36 states.

The committee amendments change references to nurse practitioners/clinical nurse specialists in current law to "advanced practice nurses." The latter title, which corresponds to that used in a number of other states for these health care professionals, is deemed to be a more appropriate title than the current one for this level of nursing staff.

In addition, the committee amendments restrict the authority of an advanced practice nurse to order or prescribe controlled dangerous substances as follows:

- to continue or reissue an order or prescription for a controlled dangerous substance originally ordered or prescribed by the collaborating physician or to otherwise adjust the dosage of that medication, provided there is prior consultation with the collaborating physician or a physician designated by the collaborating physician; or

-- for a patient in an end-of-life situation or as part of a treatment plan for a patient with a terminal illness.

The committee amendments define: "end-of-life situation" as having an incurable medical condition caused by injury, disease or illness which to a reasonable degree of medical certainty makes death imminent, and from which there can be no recovery despite the application of life-sustaining procedures; and "terminal illness" as a medical condition which results in a patient's life expectancy being 12 months or less.

Finally, the committee amendments require that, no later than the 180th day after the enactment of this bill, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety shall adopt standards for the joint protocols developed by the collaborating physician and the advanced practice nurse (as required by N.J.S.A.45:11-49), which shall apply to the ordering or prescription of controlled dangerous substances by an advanced practice nurse.

SENATE, No. 174

STATE OF NEW JERSEY
208th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 1998 SESSION

Sponsored by:

Senator JOHN O. BENNETT

District 12 (Monmouth)

SYNOPSIS

Allows nurse practitioners/clinical nurse specialists to order and prescribe controlled dangerous substances.

CURRENT VERSION OF TEXT

As Introduced.



S174 BENNETT

2

1 AN ACT concerning nurse practitioners/clinical nurse specialists and
2 amending 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. Section 8 of P.L.1991, c.377 (C.45:11-47) is amended to read
8 as follows:

9 8. a. The New Jersey Board of Nursing may issue a certification
10 as a nurse practitioner/clinical nurse specialist to an applicant who
11 fulfills the following requirements:

12 (1) Is at least 18 years of age;

13 (2) Is of good moral character;

14 (3) Is a registered professional nurse;

15 (4) Has successfully completed an educational program, including
16 pharmacology, approved by the board, and has completed six hours of
17 pharmacology continuing education on controlled dangerous
18 substances; and

19 (5) Has passed a written examination approved by the board.

20 b. In addition to the requirements of subsection a. of this section,
21 an applicant for renewal of a certification as a nurse
22 practitioner/clinical nurse specialist shall present satisfactory evidence
23 that, in the period since the certification was issued or last renewed,
24 all continuing education requirements have been completed as required
25 by regulations adopted by the board.

26 c. The board may accept, in lieu of the written examination
27 required by paragraph (5) of subsection a. of this section, proof that
28 an applicant for certification holds a current certification in a state
29 which has standards substantially equivalent to those of this State.

30 (cf: P.L.1991, c.377, s.8)

31

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

34 10. a. In addition to all other tasks which a registered professional
35 nurse may, by law, perform, a nurse practitioner/clinical nurse
36 specialist may manage specific common deviations from wellness and
37 stabilized long-term illnesses by:

38 (1) initiating laboratory and other diagnostic tests; and

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

41 b. A nurse practitioner/clinical nurse specialist may order
42 medications and devices in the inpatient setting, subject to the
43 following conditions:

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.

S174 BENNETT

1 (1) [no controlled dangerous substances may be ordered;]
2 (Deleted by amendment, P.L. , c.) (pending before the Legislature
3 as this bill).

4 (2) the order is written in accordance with standing orders or joint
5 protocols developed in agreement between a collaborating physician
6 and the nurse practitioner/clinical nurse specialist, or pursuant to the
7 specific direction of a physician;

8 (3) the nurse practitioner/clinical nurse specialist authorizes the
9 order by signing his own name, printing the name and certification
10 number, and printing the collaborating physician's name;

11 (4) the physician is present or readily available through electronic
12 communications;

13 (5) the charts and records of the patients treated by the nurse
14 practitioner/clinical nurse specialist are reviewed by the collaborating
15 physician and the nurse practitioner/clinical nurse specialist within the
16 period of time specified by rule adopted by the State Commissioner of
17 Health pursuant to section 13 of P.L.1991, c.377 (C.45:11-52); and

18 (6) the joint protocols developed by the collaborating physician and
19 the nurse practitioner/clinical nurse specialist are reviewed, updated
20 and signed at least annually by both parties.

21 c. A nurse practitioner/clinical nurse specialist may prescribe
22 medications and devices in all other medically appropriate settings,
23 subject to the following conditions:

24 (1) [no controlled dangerous substances may be prescribed;]
25 (Deleted by amendment, P.L. , c.) (pending before the Legislature
26 as this bill).

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 nurse practitioner/clinical nurse specialist, or
30 pursuant to the specific direction of a physician;

31 (3) the nurse practitioner/clinical nurse specialist writes the
32 prescription on the prescription blank of the collaborating physician,
33 signs his name to the prescription and prints his name and certification
34 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 electronic
39 communications;

40 (6) the charts and records of the patients treated by the nurse
41 practitioner/clinical nurse specialist are periodically reviewed by the
42 collaborating physician and the nurse practitioner/clinical nurse
43 specialist; and

44 (7) the joint protocols developed by the collaborating physician and
45 the nurse practitioner/clinical nurse specialist are reviewed, updated
46 and signed at least annually by both parties.

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 174

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 17, 1998

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 174.

As amended by the committee, this bill amends N.J.S.A.45:11-49 to allow advanced practice nurses (nurse practitioners/clinical nurse specialists) to order or prescribe controlled dangerous substances under the following circumstances:

- to continue or reissue an order or prescription for a controlled dangerous substance originally ordered or prescribed by the collaborating physician or to otherwise adjust the dosage of that medication, provided there is prior consultation with the collaborating physician or a physician designated by the collaborating physician; or
- for a patient in an end-of-life situation or as part of a treatment plan for a patient with a terminal illness.

Advanced practice nurses would then be subject to the requirements of existing federal and State statutes and regulations governing the issuance of orders and prescriptions for controlled dangerous substances in those situations.

Currently, nurse practitioners have statutory authority to prescribe controlled substances, with various limitations and degrees of physician involvement, in 36 states.

The committee amendments change references to nurse practitioners/clinical nurse specialists in current law to "advanced practice nurses." In addition, the committee amendments restrict the authority of an advanced practice nurse to order or prescribe controlled dangerous substances as follows:

- to continue or reissue an order or prescription for a controlled dangerous substance originally ordered or prescribed by the collaborating physician or to otherwise adjust the dosage of that medication, provided there is prior consultation with the collaborating physician or a physician designated by the collaborating physician; or
- for a patient in an end-of-life situation or as part of a treatment plan for a patient with a terminal illness.

Committee amendments define: "end-of-life situation" as having an incurable medical condition caused by injury, disease or illness which

to a reasonable degree of medical certainty makes death imminent, and from which there can be no recovery despite the application of life-sustaining procedures; and "terminal illness" as a medical condition which results in a patient's life expectancy being 12 months or less.

Finally, committee amendments require that, no later than the 180th day after the enactment of this bill, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety shall adopt standards for the joint protocols developed by the collaborating physician and the advanced practice nurse (as required by N.J.S.A.45:11-49), which shall apply to the ordering or prescription of controlled dangerous substances by an advanced practice nurse.

As amended, this bill is identical to Assembly Bill No. 1581 (1R) (Wright/Doria), which is pending before the General Assembly.

Office of the Governor
NEWS RELEASE

PO BOX 004
TRENTON, NJ 08625

CONTACT: Gene Herman
609-777-2600

RELEASE: April 30, 1999

Gov. Christie Whitman today signed the following pieces of legislation:

ACS for A-1209, sponsored by Assembly Members Joseph V. Doria, Jr. (D-Hudson) and Francis J. Blee (R-Atlantic), provides a supplemental appropriation to the Department of Military and Veterans' Affairs (MAVA) in the amount of \$50,000 for a pilot program to transport homebound veterans to and from Veterans Administration (VA) clinic sites and from the clinics to VA hospitals. The clinic sites are in Hackensack, Trenton, Fort Dix, Cape May, Elizabeth and Vineland.

A-505, sponsored by Assembly Member Gerald H. Zecker (R- Essex/Passaic), provides for parity among New Jersey depository institutions with respect to lending practices. The State Bank Parity Act of 1981 was intended to permit even competition among New Jersey lending institutions (banks, savings banks, savings and loan associations and credit unions) by permitting each lending institution to charge a rate of interest permitted to any other lending institution. Recent court decisions have construed the act to be limited only to the periodic percentage rate of interest charged on an outstanding balance. The bill provides that parity applies all other fees and charges such as, but not limited to, late charges and collection fees.

A-1277, sponsored by Assembly Members Alex DeCroce (R- Essex/Morris/Passaic) and Carol J. Murphy (R- Essex/Morris/Passaic), permits a board of education to use school facilities for child care services that are provided by either the board, a board approved sponsor, or a licensed child care program. The child care programs allowed under the bill will be available before or after regular school hours for any school age child who attends school within the school district. The bill supplements current law which permits school facilities to be used only for education purposes, library purposes, election purposes, the holding of social, recreational or civic meetings that are approved by the board or the holding of meetings or events where admission fees are charged, subject to the approval of the board.

A-1581, sponsored by Assembly Members Barbara Wright (R- Mercer/Middlesex), John C. Gibson (R-Cape May/Atlantic/Cumberland) and Joseph V. Doria, Jr. (D-Hudson) and Senators John O. Bennett (R-Monmouth) and Joseph F. Vitale (D-Middlesex), allows advanced practice nurses to order and prescribe controlled dangerous substances under limited circumstances to patients in end-of-life situations or with terminal illnesses. Under previous law, nurse practitioners had no authority to prescribe controlled dangerous

substances.

A-1396, sponsored by Assembly Members Steve Corodemus (R-Monmouth) and Tom Smith (R-Monmouth), repeals the \$2 per bushel surcharge on clams harvested through the depuration clam relay program in Monmouth County. Although the bill repeals the surcharge, it does not repeal the Monmouth County Clam Depuration and Relay Program Fund. The last two state budgets have included a \$150,000 appropriation to the fund.

S-271, sponsored by Senators Wynona M. Lipman (D-Essex/Union) and Richard J. Codey (D-Essex), and Assembly Members Guy F. Talarico (R-Bergen) and Rose Marie Heck (R-Bergen), changes the legal doctrine of retreat regarding the use of deadly force with respect to domestic violence committed by cohabitant spouses or cohabitant household members in a shared dwelling. The doctrine of retreat is part of the law of self-defense. In New Jersey, a person may use deadly force in self-defense if that force is necessary to protect against death or serious bodily injury. One of the exceptions to this rule is that a person cannot use deadly force if the use of such force can be safely avoided by retreating from the situation. The bill deletes the provision that a person must retreat from a cohabitant in the person's home.

S-534, sponsored by Senator Jack Sinagra (R-Middlesex) and Assembly Member Barbara Wright (R-Mercer/Middlesex), permanently designates the first Sunday in May as "Loyal Heart Award Day" in New Jersey in order to honor and provide public recognition to caregivers of persons with disabilities. The Loyal Heart Award was initiated in 1994 by Elayne Hyman Risley, chairwoman of the Middlesex County Chapter Coalition on Women and Disabilities, to recognize the contributions made by caregivers for persons with disabilities.

S-993, sponsored by Senators Robert E. Littell (R- Sussex/Hunterdon/Morris) and Peter A. Inverso (R-Mercer/Middlesex) and Assembly Members Leonard Lance (R-Warren/Hunterdon/Mercer) and Francis J. Blee (R-Atlantic), appropriates \$4,532,000 from the Jobs, Education and Competitiveness Fund to the Commission on Higher Education for construction projects at various county colleges. The bill allocates \$226,000 to Essex County College for the reconfiguration of instructional space of the gymnasium and appropriates \$306,000 to Essex County College for the improvement of the Martin Luther King Library. It also appropriates \$2 million to Hudson County College for the acquisition and renovation of the Culinary Arts Institute and \$1 million to Passaic County Community College for an addition to the academic facility.

S-1064, sponsored by Senators Andrew R. Ciesla (R-Monmouth/Ocean) and Diane B. Allen (R-Burlington/Camden) and Assembly Members Gerald H. Zecker (R-Essex/Passaic) and James W. Holzapfel (R- Monmouth/Ocean), exempts real estate licensees from the consumer fraud law under certain

circumstances. Under the bill, if a real estate licensee communicates any false, misleading or deceptive information provided to him by or on behalf of the seller of the real estate, but the real estate licensee had no actual knowledge and made a reasonable and diligent inquiry to determine the accuracy of the information, the exemption will apply. The real estate licensee can still be held liable for compensatory damages under the act and is not exempt for fraudulent actions made with an intent to deceive.

S-1369, sponsored by Senators John O. Bennett (R-Monmouth) and Joseph A. Palaia (R-Monmouth) and Assembly members Tom Smith (R- Monmouth), Steve Corodemus (R-Monmouth), John S. Wisniewski (D- Middlidesex) and James W. Holzapfel (R-Monmouth/Ocean), establishes the use of a firearm or imitation firearm against a law enforcement officer as a crime of the third degree. A third- degree crime is punishable by a three-to-five year term of imprisonment or a \$15,000 fine or both.

S-1372, sponsored by Senator James S. Cafiero (R-Cape May/Atlantic/Cumberland) and Assembly Members Nicholas Asselta (R- Cape May/Atlantic/Cumberland) and John C. Gibson (R-Cape May/Atlantic/Cumberland), authorizes the New Jersey Real Estate Commission to promulgate rules concerning the forms of monies that real estate brokers and their agents may hold as escrow agents or as temporary custodians of the funds in real estate transactions. Under previous law, real estate brokers could only accept monies in the form of cash or negotiable instruments, such as checks and money orders.

S-1461, sponsored by Senator Robert W. Singer (R-Burlington/Monmouth/Ocean) and Assembly Members Joseph R. Malone (R-Burlington/Monmouth/Ocean) and Melvin Cottrell (R-Burlington/Monmouth/Ocean), appropriates \$250,000 from the General Fund to the Department of Military and Veterans' Affairs for the Korean Veterans' Memorial Fund. The Fund was created in July, 1996 by legislation that also created the Korean Veterans' Memorial Committee. The Fund will be used to pay for the construction and maintenance of the memorial, which will be built in Atlantic City. It is anticipated that \$2 million will be needed to build and maintain the memorial.

S-1467, sponsored by Senator Raymond J. Zane (R-Cumberland/Gloucester/Salem) and Assembly Members Charles "Ken" Zisa (D-Bergen) and Michael Patrick Carroll (R-Morris), provides that writs of execution issued by the Special Civil Part of the Superior Court be valid for two years. Under previous law, writs of execution against personal property issued by the Special Civil Part of the Superior Court were valid for only one year.