

# 45:11-23

## LEGISLATIVE HISTORY CHECKLIST

Compiled by the NJ State Law Library

**LAWS OF:** 2004 **CHAPTER:** 122 (Advanced practice nurses)

**NJSA:** 45:11-23

**BILL NO:** S1078 (Substituted for A2807)

**SPONSOR(S):** Vitale and others

**DATE INTRODUCED:** February 23, 2004

**COMMITTEE:** **ASSEMBLY:**  
**SENATE:** Health, Human Services and Senior Citizens

**AMENDED DURING PASSAGE:** Yes

**DATE OF PASSAGE:** **ASSEMBLY:** June 21, 2004

**SENATE:** June 21, 2004

**DATE OF APPROVAL:** August 11, 2004

**FOLLOWING ARE ATTACHED IF AVAILABLE:**

[FINAL TEXT OF BILL](#) 3<sup>rd</sup> reprint enacted

### S1078

[SPONSOR'S STATEMENT:](#) (Begins on page 6 of original bill) [Yes](#)

**COMMITTEE STATEMENT:** **ASSEMBLY:** No

[SENATE:](#) [Yes](#)

**FLOOR AMENDMENT STATEMENT:** Yes [5-20-2004](#)  
[6-17-2004](#)

**LEGISLATIVE FISCAL ESTIMATE:** No

### A2807

[SPONSOR'S STATEMENT:](#) (Begins on page 7 of original bill) [Yes](#)

**COMMITTEE STATEMENT:** [ASSEMBLY:](#) [Yes](#)

**SENATE:** No

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** No

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** No

**FOLLOWING WERE PRINTED:**

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext. 103 or <mailto:refdesk@njstatelib.org>

**REPORTS:**

No

**HEARINGS:**

No

**NEWSPAPER ARTICLES:**

No

P.L. 2004, CHAPTER 122, *approved August 11, 2004*  
Senate, No. 1078 (*Third Reprint*)

1 AN ACT concerning advanced practice nurses and amending P.L.1947,  
2 c.262 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. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to read  
8 as follows:

9 1. As used in this act:

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

12 b. The practice of nursing as a registered professional nurse is  
13 defined as diagnosing and treating human responses to actual or  
14 potential physical and emotional health problems, through such  
15 services as casefinding, health teaching, health counseling, and  
16 provision of care supportive to or restorative of life and well-being,  
17 and executing medical regimens as prescribed by a licensed or  
18 otherwise legally authorized physician or dentist. Diagnosing in the  
19 context of nursing practice means **[that] the** identification of and  
20 discrimination between physical and psychosocial signs and symptoms  
21 essential to effective execution and management of the nursing  
22 regimen within the scope of practice of the registered professional  
23 nurse. **[Such diagnostic privilege is distinct from a medical**  
24 **diagnosis.]** <sup>2</sup>Such diagnostic privilege is distinct from a medical  
25 diagnosis.<sup>2</sup> 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  
38 enrolled in a school of nursing accredited or approved by the board  
39 performed in the prescribed course of study and training, nor nursing

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

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Senate SHH committee amendments adopted May 6, 2004.

<sup>2</sup> Senate floor amendments adopted May 20, 2004.

<sup>3</sup> Senate floor amendments adopted June 17, 2004.

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

42 c. "Homemaker-home health aide" means a person who is  
43 employed by a home care services agency and who is performing  
44 delegated nursing regimens or nursing tasks delegated through the  
45 authority of a duly licensed registered professional nurse. "Home care  
46 services agency" means home health agencies, assisted living

1 residences, comprehensive personal care homes, assisted living  
2 programs or alternate family care sponsor 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 health care service firms regulated by the Director of the Division  
6 of Consumer Affairs in the Department of Law and Public Safety and  
7 the Attorney General pursuant to P.L.1989, c.331 (C.34:8-43 et seq.)  
8 and P.L.1960, c.39 (C.56:8-1 et seq.) respectively, which are engaged  
9 in the business of procuring or offering to procure employment for  
10 homemaker-home health aides, where a fee may be exacted, charged  
11 or received directly or indirectly for procuring or offering to procure  
12 that employment.

13 d. "Advanced practice nurse" means a person who holds a  
14 certification in accordance with section 8 or 9 of P.L.1991, c.377  
15 (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 an advanced practice nurse.

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

22 (cf: P.L.1999, c.101, s.1)

23

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

26 10. a. In addition to all other tasks which a registered professional  
27 nurse may, by law, perform, an advanced practice nurse may manage  
28 [specific common] preventive care services, and diagnose and manage  
29 deviations from wellness and [stabilized] long-term illnesses<sup>3</sup>,  
30 consistent with the needs of the patient and within the scope of  
31 practice of the advanced practice nurse,<sup>3</sup> by:

32 (1) initiating laboratory and other diagnostic tests; [and]

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

35 (3) prescribing or ordering treatments, including referrals to other  
36 licensed health care professionals, and performing specific procedures  
37 <sup>3</sup>[which treatments and procedures are consistent with the needs of  
38 the patient and within the scope of practice of the advanced practice  
39 nurse] in accordance with the provisions of this subsection<sup>3</sup>.

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

42 (1) [Controlled dangerous substances may be ordered:

43 (a) to continue or reissue an order or prescription for a controlled  
44 dangerous substance originally ordered or prescribed by the  
45 collaborating physician or to otherwise adjust the dosage of that  
46 medication, provided there is prior consultation with the collaborating  
47 physician or a physician designated<sup>3</sup> by the collaborating physician; or

1 (b) for a patient in an end-of-life situation or as part of a treatment  
2 plan for a patient with a terminal illness.]<sup>1</sup>[(Deleted by  
3 amendment, P.L. , c. (pending before the Legislature as this bill).)]  
4 the collaborating physician and advanced practice nurse<sup>2</sup>[address the  
5 initiating of controlled dangerous substances in the joint protocols]  
6 shall address in the joint protocols whether prior consultation with the  
7 collaborating physician is required to initiate an order for a controlled  
8 dangerous substance<sup>2;1</sup>

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

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

16 (4) the physician is present or readily available through electronic  
17 communications;

18 (5) the charts and records of the patients treated by the advanced  
19 practice nurse are reviewed by the collaborating physician and the  
20 advanced practice nurse within the period of time specified by rule  
21 adopted by the Commissioner of Health and Senior Services pursuant  
22 to section 13 of P.L.1991, c.377 (C.45:11-52); <sup>1</sup>[and]<sup>1</sup>

23 (6) the joint protocols developed by the collaborating physician and  
24 the advanced practice nurse are reviewed, updated and signed at least  
25 annually by both parties<sup>1</sup>; and

26 (7) the advanced practice nurse has completed six contact hours of  
27 continuing professional education in pharmacology related to  
28 controlled substances, including pharmacologic therapy and addiction  
29 prevention and management, in accordance with regulations adopted  
30 by the New Jersey Board of Nursing. The six contact hours shall be  
31 in addition to New Jersey Board of Nursing pharmacology education  
32 requirements for advanced practice nurses related to initial  
33 certification and recertification of an advanced practice nurse as set  
34 forth in N.J.A.C.13:37-7.2 and 13:37-7.5<sup>1</sup>.

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

38 (1) [Controlled dangerous substances may be prescribed:

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

44 (b) for a patient in an end-of-life situation or as part of a treatment  
45 plan for a patient with a terminal illness.]<sup>1</sup>[(Deleted by  
46 amendment, P.L. , c. (pending before the Legislature as this bill).)]

1 the collaborating physician and advanced practice nurse <sup>2</sup>[address the  
2 initiating of controlled dangerous substances in the joint protocols]  
3 shall address in the joint protocols whether prior consultation with the  
4 collaborating physician is required to initiate a prescription for a  
5 controlled dangerous substance<sup>2,1</sup>

6 (2) the prescription is written in accordance with standing orders  
7 or joint protocols developed in agreement between a collaborating  
8 physician and the advanced practice nurse, or pursuant to the specific  
9 direction of a physician;

10 (3) the advanced practice nurse writes the prescription on [the  
11 prescription blank of the collaborating physician] a New Jersey  
12 Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.),  
13 signs his name to the prescription and prints his name and certification  
14 number;

15 (4) the prescription is dated and includes the name of the patient  
16 and the name, address and telephone number of the collaborating  
17 physician;

18 (5) the physician is present or readily available through electronic  
19 communications;

20 (6) the charts and records of the patients treated by the advanced  
21 practice nurse are periodically reviewed by the collaborating physician  
22 and the advanced practice nurse; <sup>1</sup>[and]<sup>1</sup>

23 (7) the joint protocols developed by the collaborating physician and  
24 the advanced practice nurse are reviewed, updated and signed at least  
25 annually by both parties<sup>1</sup>; and

26 (8) the advanced practice nurse has completed six contact hours of  
27 continuing professional education in pharmacology related to  
28 controlled substances, including pharmacologic therapy and addiction  
29 prevention and management, in accordance with regulations adopted  
30 by the New Jersey Board of Nursing. The six contact hours shall be  
31 in addition to New Jersey Board of Nursing pharmacology education  
32 requirements for advanced practice nurses related to initial  
33 certification and recertification of an advanced practice nurse as set  
34 forth in N.J.A.C.13:37-7.2 and 13:37-7.5<sup>1</sup>.

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

40 e. [As used in this section: "end-of-life situation" means having an  
41 incurable medical condition caused by injury, disease or illness which  
42 to a reasonable degree of medical certainty makes death imminent, and  
43 from which there can be no recovery despite the application of  
44 life-sustaining procedures; and "terminal illness" means a medical  
45 condition which results in a patient's life expectancy being 12 months  
46 or less.](Deleted by amendment, P.L. , c. (Pending before the

1 Legislature as this bill).

2 (cf: P.L.1999, c.85, s.7)

3

4 <sup>3</sup>[3. The Commissioner of Health and Senior Services shall adopt  
5 rules and regulations, pursuant to the "Administrative Procedure Act,"  
6 P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the purposes of  
7 this act.]<sup>3</sup>

8

9 <sup>3</sup>[4.] 3.<sup>3</sup> This act shall take effect on the 90th day following  
10 enactment<sup>3</sup>[, but the Commissioner of Health and Senior Services may  
11 take such anticipatory administrative action in advance as shall be  
12 necessary for the implementation of the act]<sup>3</sup>.

13

14

15

16

17 Expands duties performed by advanced practice nurses.



**SENATE, No. 1078**

---

**STATE OF NEW JERSEY**  
**211th LEGISLATURE**

---

INTRODUCED FEBRUARY 23, 2004

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator FRED MADDEN**

**District 4 (Camden and Gloucester)**

**SYNOPSIS**

Expands duties performed by advanced practice nurses.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 2/24/2004)**

1 AN ACT concerning advanced practice nurses and amending P.L.1947,  
2 c.262 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. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to read  
8 as follows:

9 1. As used in this act:

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

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

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

35 The terms "nursing," "professional nursing," and "practical nursing"  
36 as used in this act shall not be construed to include nursing by students  
37 enrolled in a school of nursing accredited or approved by the board  
38 performed in the prescribed course of study and training, nor nursing  
39 performed in hospitals, institutions and agencies approved by the  
40 board for this purpose by graduates of such schools pending the results  
41 of the first licensing examination scheduled by the board following  
42 completion of a course of study and training and the attaining of age  
43 qualification for examination, or thereafter with the approval of the

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

**Matter underlined thus is new matter.**

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

37 c. "Homemaker-home health aide" means a person who is  
38 employed by a home care services agency and who is performing  
39 delegated nursing regimens or nursing tasks delegated through the  
40 authority of a duly licensed registered professional nurse. "Home care  
41 services agency" means home health agencies, assisted living  
42 residences, comprehensive personal care homes, assisted living  
43 programs or alternate family care sponsor agencies licensed by the  
44 Department of Health and Senior Services pursuant to P.L.1971, c.136  
45 (C.26:2H-1 et al.), nonprofit homemaker-home health aide agencies,  
46 and health care service firms regulated by the Director of the Division

1 of Consumer Affairs in the Department of Law and Public Safety and  
2 the Attorney General pursuant to P.L.1989, c.331 (C.34:8-43 et seq.)  
3 and P.L.1960, c.39 (C.56:8-1 et seq.) respectively, which are engaged  
4 in the business of procuring or offering to procure employment for  
5 homemaker-home health aides, where a fee may be exacted, charged  
6 or received directly or indirectly for procuring or offering to procure  
7 that employment.

8 d. "Advanced practice nurse" means a person who holds a  
9 certification in accordance with section 8 or 9 of P.L.1991, c.377  
10 (C.45:11-47 or 45:11-48).

11 e. "Collaborating physician" means a person licensed to practice  
12 medicine and surgery pursuant to chapter 9 of Title 45 of the Revised  
13 Statutes who agrees to work with an advanced practice nurse.

14 Nothing in this act shall confer the authority to a person licensed to  
15 practice nursing to practice another health profession as currently  
16 defined in Title 45 of the Revised Statutes.

17 (cf: P.L.1999, c.101, s.1)

18

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

21 10. a. In addition to all other tasks which a registered professional  
22 nurse may, by law, perform, an advanced practice nurse may manage  
23 ~~specific common~~ preventive care services, and diagnose and manage  
24 deviations from wellness and ~~stabilized~~ long-term illnesses by:

25 (1) initiating laboratory and other diagnostic tests; ~~and~~

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

28 (3) prescribing or ordering treatments, including referrals to other  
29 licensed health care professionals, and performing specific procedures  
30 which treatments and procedures are consistent with the needs of the  
31 patient and within the scope of practice of the advanced practice  
32 nurse.

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

35 (1) ~~Controlled dangerous substances may be ordered:~~

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

41 (b) for a patient in an end-of-life situation or as part of a treatment  
42 plan for a patient with a terminal illness. ~~(Deleted by amendment, P.L.~~  
43 ~~, c. (pending before the Legislature as this bill).)~~

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

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

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

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

11 (6) the joint protocols developed by the collaborating physician and  
12 the advanced practice nurse are reviewed, updated and signed at least  
13 annually by both parties.

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

17 (1) [Controlled dangerous substances may be prescribed:

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

23 (b) for a patient in an end-of-life situation or as part of a treatment  
24 plan for a patient with a terminal illness.](Deleted by  
25 amendment, P.L. , c. (pending before the Legislature as this bill).)

26 (2) the prescription is written in accordance with standing orders  
27 or joint protocols developed in agreement between a collaborating  
28 physician and the advanced practice nurse, or pursuant to the specific  
29 direction of a physician;

30 (3) the advanced practice nurse writes the prescription on [the  
31 prescription blank of the collaborating physician] a New Jersey  
32 Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.),  
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 advanced  
41 practice nurse are periodically reviewed by the collaborating physician  
42 and the advanced practice nurse; and

43 (7) the joint protocols developed by the collaborating physician and  
44 the advanced practice nurse are reviewed, updated and signed at least  
45 annually by both parties.

1 d. The joint protocols employed pursuant to subsections b. and c.  
2 of this section shall conform with standards adopted by the Director  
3 of the Division of Consumer Affairs pursuant to section 12 of  
4 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. [As used in this section: "end-of-life situation" means having an  
7 incurable medical condition caused by injury, disease or illness which  
8 to a reasonable degree of medical certainty makes death imminent, and  
9 from which there can be no recovery despite the application of  
10 life-sustaining procedures; and "terminal illness" means a medical  
11 condition which results in a patient's life expectancy being 12 months  
12 or less.](Deleted by amendment, P.L. \_\_\_\_\_, c. (Pending before the  
13 Legislature as this bill).)  
14 (cf: P.L.1999, c.85, s.7)

15

16 3. The Commissioner of Health and Senior Services shall adopt  
17 rules and regulations, pursuant to the "Administrative Procedure Act,"  
18 P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the purposes of  
19 this act.

20

21 4. This act shall take effect on the 90th day following enactment,  
22 but the Commissioner of Health and Senior Services may take such  
23 anticipatory administrative action in advance as shall be necessary for  
24 the implementation of the act.

25

26

27

STATEMENT

28

29 This bill expands the duties that may be performed by advanced  
30 practice nurses in the State.

31 The provisions of the bill amend current law to clarify that  
32 advanced practice nurses manage preventive care services and  
33 diagnose and manage deviations from wellness and long-term illnesses;  
34 and, towards that end, prescribe and order treatments, including  
35 referrals to other licensed health care professionals, and perform  
36 specific procedures, which treatments and procedures are consistent  
37 with the needs of a patient and within the scope of practice of the  
38 advanced practice nurse.

39 With respect to ordering or prescribing medications, the bill  
40 authorizes advanced practice nurses to initiate controlled dangerous  
41 substance prescriptions for all patients pursuant to joint protocols  
42 established with a collaborating physician, and deletes from current  
43 law the specific conditions under which controlled dangerous  
44 substances may be ordered or prescribed by an advanced practice  
45 nurse. Under current law, advanced practice nurses may prescribe  
46 controlled dangerous substances to renew or modify physician

1 prescriptions, and they may initiate prescription for end-of-life  
2 situations, always pursuant to joint protocols.

3 The bill also amends N.J.S.A.45:11-23 of the Nurse Practice Act to  
4 delete the sentence "[S]uch diagnostic privilege is distinct from a  
5 medical diagnosis" because nursing and the practice of medicine have  
6 overlapping functions and responsibilities. The bill, however, adds the  
7 phrase "within the scope of practice of the registered professional  
8 nurse" to clarify the parameters of a nurse's diagnosis.

9 The bill also amends N.J.S.A.45:11-49 to delete obsolete language  
10 concerning prescription blanks and provides, instead, a reference to  
11 the law establishing uniform New Jersey Prescription Blanks,  
12 N.J.S.A.45:14-40 et seq.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 1078**

with committee amendments

**STATE OF NEW JERSEY**

DATED: MAY 6, 2004

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 1078.

As amended by committee, this bill expands the duties that may be performed by advanced practice nurses in the State.

The provisions of the bill amend current law to clarify that advanced practice nurses manage preventive care services and diagnose and manage deviations from wellness and long-term illnesses; and, towards that end, prescribe and order treatments, including referrals to other licensed health care professionals, and perform specific procedures, which treatments and procedures are consistent with the needs of a patient and within the scope of practice of the advanced practice nurse.

With respect to ordering or prescribing medications, the bill authorizes advanced practice nurses to initiate controlled dangerous substance prescriptions for all patients pursuant to joint protocols established with a collaborating physician, and deletes from current law the specific conditions under which controlled dangerous substances may be ordered or prescribed by an advanced practice nurse. The bill also adds additional continuing professional education requirements in pharmacology that an advanced practice nurse must complete in order to exercise the expanded prescribing authority provided in the bill. Under current law, in accordance with joint protocols, advanced practice nurses may initiate prescriptions for end-of-life situations, and they can prescribe or order controlled dangerous substances only to renew or modify physician prescriptions in all other settings.

The bill also amends N.J.S.A.45:11-23 of the Nurse Practice Act to delete the sentence "[S]uch diagnostic privilege is distinct from a medical diagnosis" because nursing and the practice of medicine have overlapping functions and responsibilities. The bill, however, adds the phrase "within the scope of practice of the registered professional nurse" to clarify the parameters of a nurse's diagnosis.



The bill also amends N.J.S.A.45:11-49 to delete obsolete language concerning prescription blanks and provides, instead, a reference to the law establishing uniform New Jersey Prescription Blanks, N.J.S.A.45:14-40 et seq.

The committee amended the bill to:

-- stipulate that the collaborating physician and advanced practice nurse address the initiating of controlled dangerous substances in their joint protocols;

-- require that the advanced practice nurse complete six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.

# STATEMENT TO

[First Reprint]

## **SENATE, No. 1078**

with Senate Floor Amendments  
(Proposed By Senator VITALE)

ADOPTED: MAY 20, 2004

These amendments:

- restore the language in N.J.S.A.45:11-23 that provides that "Such diagnostic privilege is distinct from a medical diagnosis"; and
- clarify that the collaborating physician and the advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order or prescription for a controlled dangerous substance.

STATEMENT TO

[Second Reprint]

**SENATE, No. 1078**

with Senate Floor Amendments  
(Proposed By Senator VITALE)

ADOPTED: JUNE 17, 2004

These amendments:

-- clarify that an advanced practice nurse may manage preventive care services, and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the advanced practice nurse; and

-- delete section 3 of the bill, which authorized the Commissioner of Health and Senior Services to adopt rules and regulations to carry out the purposes of the bill, since the Board of Nursing and Division of Consumer Affairs are authorized under existing law to adopt rules and regulations governing advanced practice nurses.

# ASSEMBLY, No. 2807

## STATE OF NEW JERSEY 211th LEGISLATURE

INTRODUCED MAY 10, 2004

**Sponsored by:**

**Assemblywoman LORETTA WEINBERG**

**District 37 (Bergen)**

**Assemblyman ROBERT GORDON**

**District 38 (Bergen)**

**Co-Sponsored by:**

**Assemblyman Eagler**

**SYNOPSIS**

Expands duties performed by advanced practice nurses.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 5/25/2004)**

1 AN ACT concerning advanced practice nurses and amending P.L.1947,  
2 c.262 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. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to read  
8 as follows:

9 1. As used in this act:

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

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

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

35 The terms "nursing," "professional nursing," and "practical nursing"  
36 as used in this act shall not be construed to include nursing by students  
37 enrolled in a school of nursing accredited or approved by the board  
38 performed in the prescribed course of study and training, nor nursing  
39 performed in hospitals, institutions and agencies approved by the  
40 board for this purpose by graduates of such schools pending the results  
41 of the first licensing examination scheduled by the board following  
42 completion of a course of study and training and the attaining of age  
43 qualification for examination, or thereafter with the approval of the

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

**Matter underlined thus is new matter.**

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

37 c. "Homemaker-home health aide" means a person who is  
38 employed by a home care services agency and who is performing  
39 delegated nursing regimens or nursing tasks delegated through the  
40 authority of a duly licensed registered professional nurse. "Home care  
41 services agency" means home health agencies, assisted living  
42 residences, comprehensive personal care homes, assisted living  
43 programs or alternate family care sponsor agencies licensed by the  
44 Department of Health and Senior Services pursuant to P.L.1971, c.136  
45 (C.26:2H-1 et al.), nonprofit homemaker-home health aide agencies,  
46 and health care service firms regulated by the Director of the Division

1 of Consumer Affairs in the Department of Law and Public Safety and  
2 the Attorney General pursuant to P.L.1989, c.331 (C.34:8-43 et seq.)  
3 and P.L.1960, c.39 (C.56:8-1 et seq.) respectively, which are engaged  
4 in the business of procuring or offering to procure employment for  
5 homemaker-home health aides, where a fee may be exacted, charged  
6 or received directly or indirectly for procuring or offering to procure  
7 that employment.

8 d. "Advanced practice nurse" means a person who holds a  
9 certification in accordance with section 8 or 9 of P.L.1991, c.377  
10 (C.45:11-47 or 45:11-48).

11 e. "Collaborating physician" means a person licensed to practice  
12 medicine and surgery pursuant to chapter 9 of Title 45 of the Revised  
13 Statutes who agrees to work with an advanced practice nurse.

14 Nothing in this act shall confer the authority to a person licensed to  
15 practice nursing to practice another health profession as currently  
16 defined in Title 45 of the Revised Statutes.

17 (cf: P.L.1999, c.101, s.1)

18

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

21 10. a. In addition to all other tasks which a registered professional  
22 nurse may, by law, perform, an advanced practice nurse may manage  
23 ~~specific common~~ preventive care services, and diagnose and manage  
24 deviations from wellness and ~~stabilized~~ long-term illnesses by:

25 (1) initiating laboratory and other diagnostic tests; ~~and~~

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

28 (3) prescribing or ordering treatments, including referrals to other  
29 licensed health care professionals, and performing specific procedures  
30 which treatments and procedures are consistent with the needs of the  
31 patient and within the scope of practice of the advanced practice  
32 nurse.

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

35 (1) ~~Controlled dangerous substances may be ordered:~~

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

41 (b) for a patient in an end-of-life situation or as part of a treatment  
42 plan for a patient with a terminal illness.] the collaborating physician  
43 and advanced practice nurse address the initiating of controlled  
44 dangerous substances in the joint protocols;

45 (2) the order is written in accordance with standing orders or joint  
46 protocols developed in agreement between a collaborating physician

1 and the advanced practice nurse, or pursuant to the specific direction  
2 of a physician;

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

6 (4) the physician is present or readily available through electronic  
7 communications;

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

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

16 (7) the advanced practice nurse has completed six contact hours of  
17 continuing professional education in pharmacology related to  
18 controlled substances, including pharmacologic therapy and addiction  
19 prevention and management, in accordance with regulations adopted  
20 by the New Jersey Board of Nursing. The six contact hours shall be  
21 in addition to New Jersey Board of Nursing pharmacology education  
22 requirements for advanced practice nurses related to initial  
23 certification and recertification of an advanced practice nurse as set  
24 forth in N.J.A.C.13:37-7.2 and 13:37-7.5.

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

28 (1) [Controlled dangerous substances may be prescribed:

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

34 (b) for a patient in an end-of-life situation or as part of a treatment  
35 plan for a patient with a terminal illness.] the collaborating physician  
36 and advanced practice nurse address the initiating of controlled  
37 dangerous substances in the joint protocols;

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

42 (3) the advanced practice nurse writes the prescription on [the  
43 prescription blank of the collaborating physician] a New Jersey  
44 Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.),  
45 signs his name to the prescription and prints his name and certification  
46 number;



- 1 (4) the prescription is dated and includes the name of the patient  
2 and the name, address and telephone number of the collaborating  
3 physician;
- 4 (5) the physician is present or readily available through electronic  
5 communications;
- 6 (6) the charts and records of the patients treated by the advanced  
7 practice nurse are periodically reviewed by the collaborating physician  
8 and the advanced practice nurse; [and]
- 9 (7) the joint protocols developed by the collaborating physician and  
10 the advanced practice nurse are reviewed, updated and signed at least  
11 annually by both parties; and
- 12 (8) the advanced practice nurse has completed six contact hours of  
13 continuing professional education in pharmacology related to  
14 controlled substances, including pharmacologic therapy and addiction  
15 prevention and management, in accordance with regulations adopted  
16 by the New Jersey Board of Nursing. The six contact hours shall be  
17 in addition to New Jersey Board of Nursing pharmacology education  
18 requirements for advanced practice nurses related to initial  
19 certification and recertification of an advanced practice nurse as set  
20 forth in N.J.A.C.13:37-7.2 and 13:37-7.5.
- 21 d. The joint protocols employed pursuant to subsections b. and c.  
22 of this section shall conform with standards adopted by the Director  
23 of the Division of Consumer Affairs pursuant to section 12 of  
24 P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85  
25 (C.45:11-49.2)[)], as applicable.
- 26 e. [As used in this section: "end-of-life situation" means having an  
27 incurable medical condition caused by injury, disease or illness which  
28 to a reasonable degree of medical certainty makes death imminent, and  
29 from which there can be no recovery despite the application of  
30 life-sustaining procedures; and "terminal illness" means a medical  
31 condition which results in a patient's life expectancy being 12 months  
32 or less.](Deleted by amendment, P.L. , c. (Pending before the  
33 Legislature as this bill).)  
34 (cf: P.L.1999, c.85, s.7)
- 35
- 36 3. The Commissioner of Health and Senior Services shall adopt  
37 rules and regulations, pursuant to the "Administrative Procedure Act,"  
38 P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the purposes of  
39 this act.
- 40
- 41 4. This act shall take effect on the 90th day following enactment,  
42 but the Commissioner of Health and Senior Services may take such  
43 anticipatory administrative action in advance as shall be necessary for  
44 the implementation of the act.

STATEMENT

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

This bill expands the duties that may be performed by advanced practice nurses in the State.

The provisions of the bill amend current law to clarify that advanced practice nurses manage preventive care services and diagnose and manage deviations from wellness and long-term illnesses, and, towards that end: prescribe and order treatments, including referrals to other licensed health care professionals; and perform specific procedures, which treatments and procedures are consistent with the needs of a patient and within the scope of practice of the advanced practice nurse.

With respect to ordering or prescribing medications, the bill authorizes advanced practice nurses to initiate controlled dangerous substance prescriptions for all patients pursuant to joint protocols established with a collaborating physician, and deletes from current law the specific conditions under which controlled dangerous substances may be ordered or prescribed by an advanced practice nurse. The bill also adds additional continuing professional education requirements in pharmacology that an advanced practice nurse must complete in order to exercise the expanded prescribing authority provided in the bill. Under current law, in accordance with joint protocols, advanced practice nurses may initiate prescriptions for controlled dangerous substances only for patients in end-of-life situations, and may prescribe or order controlled dangerous substances only to renew or modify physician prescriptions in all other settings.

The bill amends N.J.S.A.45:11-23 of the Nurse Practice Act to delete the sentence, "[S]uch diagnostic privilege is distinct from a medical diagnosis." This deletion reflects the fact that nursing and the practice of medicine have overlapping functions and responsibilities. The bill, however, adds the phrase "within the scope of practice of the registered professional nurse" to clarify the parameters of a nurse's diagnosis.

The bill also amends N.J.S.A.45:11-49 to delete obsolete language concerning prescription blanks and provides, instead, a reference to the law establishing uniform New Jersey Prescription Blanks, N.J.S.A.45:14-40 et seq.

# ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 2807**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 14, 2004

The Assembly Health and Human Services Committee reports favorably and with committee amendments Assembly Bill No. 2807.

As amended by the committee, this bill expands the duties that may be performed by advanced practice nurses in the State.

The provisions of the bill amend current law to clarify that advanced practice nurses manage preventive care services and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of a patient and within the scope of practice of the advanced practice nurse, and, towards that end: prescribe and order treatments, including referrals to other licensed health care professionals; and perform specific procedures in accordance with the provisions of this bill.

With respect to ordering or prescribing medications, the bill authorizes advanced practice nurses to initiate controlled dangerous substance orders or prescriptions for all patients pursuant to joint protocols established with a collaborating physician, and deletes from current law the specific conditions under which controlled dangerous substances may be ordered or prescribed by an advanced practice nurse. The collaborating physician and the advanced practice nurse are to address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order or prescription for a controlled dangerous substance.

The bill also adds additional continuing professional education requirements in pharmacology that an advanced practice nurse must complete in order to exercise the expanded prescribing authority provided in the bill. Under current law, in accordance with joint protocols, advanced practice nurses may initiate prescriptions for controlled dangerous substances only for patients in end-of-life situations, and may prescribe or order controlled dangerous substances only to renew or modify physician prescriptions in all other settings.

The bill amends N.J.S.A.45:11-49 to delete obsolete language concerning prescription blanks and provide, instead, a reference to the law establishing uniform New Jersey Prescription Blanks (N.J.S.A.45:14-40 et seq.).

The bill takes effect on the 90th day after enactment.

COMMITTEE AMENDMENTS

The committee amendments to the bill:

- restore the language in N.J.S.A.45:11-23 (Nurse Practice Act) which provides that "Such diagnostic privilege is distinct from a medical diagnosis";
- clarify that an advanced practice nurse may manage preventive care services, and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the advanced practice nurse;
- further clarify that the collaborating physician and the advanced practice nurse are to address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order or prescription for a controlled dangerous substance; and
- delete the provisions of the bill concerning the adoption of rules and regulations by the Commissioner of Health and Senior Services.