## CHAPTER 6

**AN ACT** concerning advanced practice nurses, revising various parts of the statutory law, and supplementing P.L.1991, c.377 (C.45:11-45 et al.).

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

C.45:11-48.1 Findings, declarations.

1. The Legislature finds and declares that:

a. Advanced practice nurses are registered nurses who are certified to provide an advanced level of health care to patients that exceeds the standard scope of nursing practice.

b. Advanced practice nurses augment the system of care in New Jersey and nationwide by providing treatment services at a level that can relieve some of the demand on physicians, of whom there is a chronic shortage, and expedite access to care for patients, including those in medically underserved areas and among medically underserved populations.

c. Studies suggest that approximately one quarter of the population of the United States lives in an area with a shortage of primary care professionals. Limited access to care is frequently worse among racial and ethnic minorities, people with low incomes, and individuals for whom a lack of transportation creates logistical barriers to health care.

d. One way to reduce gaps in health care access is to allow full practice authority for advanced practice nurses, over 75 percent of whom are educated in a primary care specialty and can directly improve access to both primary care services and specialty care services.

e. As of March 2026, 27 states, the District of Columbia, and two U.S. territories have adopted full practice authority for advanced practice nurses. The requirement to practice in collaboration with a physician limits the ability of advanced practice nurses to provide primary care and specialty care services and has been associated with advanced practice nurses leaving New Jersey for other jurisdictions with fewer practice restrictions.

f. It has been estimated that removing practice restrictions for advanced practice nurses has the potential to reduce health care access disparities by a factor of more than 38 percent.

g. In response to the coronavirus disease 2019 (COVID-19) pandemic, Governor Murphy issued Executive Order No. 112 (2020), which, among other things, directly and through waivers issued pursuant to its authority, waived existing practice restrictions for advanced practice nurses, including joint protocol and supervision requirements.

h. According to surveys, over 45 percent of advanced practice nurses in New Jersey reported working without practice restrictions as authorized under Executive Order No. 112 (2020) and the waivers issued pursuant to the executive order. No adverse incidents were reported during the waiver period involving advanced practice nurses practicing without practice restrictions.

i. Given the need for expanded access to care, it is necessary and appropriate to take steps to remove practice restrictions that serve as a barrier for advanced practice nurses to practice in New Jersey in certain healthcare settings to the full extent of their education, clinical training, and national certification.

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

C.45:11-23 Definitions.

1. As used in this act:

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

The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems through such services as casefinding, health teaching, health counseling, provision of care supportive

to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means the identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen within the scope of practice of the registered professional nurse. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human responses means those signs, symptoms, and processes which denote the individual's health need or reaction to an actual or potential health problem.

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

The terms "nursing," "professional nursing," and "practical nursing" as used in this act shall not be construed to include nursing by students enrolled in a school of nursing accredited or approved by the board performed in the prescribed course of study and training, nor nursing performed in hospitals, institutions, and agencies approved by the board for this purpose by graduates of such schools pending the results of the first licensing examination scheduled by the board following completion of a course of study and training and the attaining of age qualification for examination, or thereafter with the approval of the board in the case of each individual pending results of subsequent examinations; nor shall any of said terms be construed to include nursing performed for a period not exceeding 12 months unless the board shall approve a longer period, in hospitals, institutions, or agencies by a nurse legally qualified under the laws of another state or country, pending results of an application for licensing under this act, if such nurse does not represent or hold himself or herself out as a nurse licensed to practice under this act; nor shall any of said terms be construed to include the practice of nursing in this State by any legally qualified nurse of another state whose engagement made outside of this State requires such nurse to accompany and care for the patient while in this State during the period of such engagement, not to exceed six months in this State, if such nurse does not represent or hold himself or herself out as a nurse licensed to practice in this State; nor shall any of said terms be construed to include nursing performed by employees or officers of the United States Government or any agency or service thereof while in the discharge of his or her official duties; nor shall any of said terms be construed to include services performed by nurse aides, attendants, orderlies, and ward helpers in hospitals, institutions, and agencies or by technicians, physiotherapists, or medical secretaries, and such duties performed by said persons aforementioned shall not be subject to rules or regulations which the board may prescribe concerning nursing; nor shall any of said terms be construed to include first aid nursing assistance, gratuitous care by friends or members of the family of a sick or infirm person, or incidental care of the sick by a person employed primarily as a domestic or housekeeper, notwithstanding that the occasion for such employment may be sickness, if such incidental care does not constitute professional nursing and such person does not claim or purport to be a licensed nurse; nor shall any of said terms be construed to include services rendered in accordance with the practice of the religious tenets of any well-recognized church or denomination which subscribes to the art of healing by prayer. A person who is otherwise qualified shall not be denied licensure as a professional nurse or practical nurse by reason of the circumstances that such person is in religious life and has taken a vow of poverty.

"Homemaker-home health aide" means a person who is employed by a home care services agency and who is performing delegated nursing regimens or nursing tasks delegated through the authority of a duly licensed registered professional nurse. No homemaker-home health aide shall follow a delegated nursing regimen or perform tasks which are delegated unless the homemaker-home health aide is under the supervision of a duly licensed registered professional nurse provided by the home care services agency that directly employs the homemaker-home health aide. "Home care services agency" means home health agencies, assisted living residences, comprehensive personal care homes, assisted living programs or alternate family care sponsor agencies licensed by the Department of Health pursuant to P.L.1971, c.136 (C.26:2H-1 et al.), nonprofit homemaker-home health aide agencies, and health care service firms regulated by the Director of the Division of Consumer Affairs in the Department of Law and Public Safety and the Attorney General, pursuant to P.L.1989, c.331 (C.34:8-43 et seq.) and P.L.1960, c.39 (C.56:8-1 et seq.) respectively, which are engaged in the business of procuring or offering to procure employment for homemaker-home health aides where a fee may be exacted, charged, or received directly or indirectly for procuring or offering to procure that employment.

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

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

“Primary health care” means preventative, diagnostic, treatment, management, or reassessment services which are provided in a family-centered and community-oriented manner to an individual with acute or chronic illness in the areas of family practice, general internal medicine, general pediatrics, general obstetrics, gynecology and reproductive health services, or clinical prevention: (1) at the time of the individual's initial point of contact with the health care system; or (2) by a health care practitioner who, regardless of the presence or absence of disease, has assumed responsibility for the individual and has an ongoing responsibility to coordinate the individual's medical care. "Primary health care" includes sick or well care that is provided to any and all age groups from perinatal and pediatric care to geriatric care.

“Reproductive health services” means medical, surgical, counseling, or referral services relating to the human reproductive system.

“Behavioral health care” mean procedures or services rendered by a health care practitioner to a patient for the treatment of a mental illness, emotional disorder, or drug or alcohol use disorder.

“Higher level of care” means a clinically appropriate level of behavioral health care treatment that provides a greater degree of supervision, intensity, structure, or medical monitoring than the level of care currently being provided to a patient.

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

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

C.45:11-49 Permitted duties of advanced practice nurse.

10. a. In addition to all other tasks which a registered professional nurse may, by law, perform, an advanced practice nurse may manage preventive care services, diagnose, monitor,

and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the defined scope of practice of that advanced practice nurse, by:

(1) initiating laboratory and other diagnostic tests;

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

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

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

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

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

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

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

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

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

(7) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy, addiction prevention and management, and issues concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion, 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.

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

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

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

(3) the advanced practice nurse writes the prescription on a New Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.), signs the nurse's own name to the prescription, and prints the nurse's name and certification number;

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

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

(6) the charts and records of the patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;

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

(8) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy, addiction prevention and management, and issues concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion, 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.

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

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

f. An attending advanced practice nurse may determine and certify the cause of death of the nurse's patient and execute the death certification pursuant to R.S.26:6-8 if no physician is available to do so and the nurse is the patient's primary caregiver.

g. (1) Except as otherwise provided in paragraph (2) of this subsection, an advanced practice nurse may authorize qualifying patients for the medical use of cannabis and issue written instructions for medical cannabis to registered qualifying patients, subject to the following conditions:

(a) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to authorize a qualifying patient for the medical use of cannabis or issue written instructions for medical cannabis;

(b) the authorization for the medical use of cannabis or issuance of written instructions for cannabis is in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;

(c) the advanced practice nurse signs the nurse's own name to the authorization or written instruction and prints the nurse's name and certification number;

(d) the authorization or written instruction is dated and includes the name of the qualifying patient and the name, address, and telephone number of the collaborating physician;

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

(f) the charts and records of qualifying patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;

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

(h) the advanced practice nurse complies with the requirements for authorizing qualifying patients for the medical use of cannabis and for issuing written instructions for medical cannabis established pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).

(2) Subject to the requirements for authorizing qualifying patients for the medical use of cannabis and for issuing written instructions for medical cannabis established pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), an advanced practice nurse who is authorized to practice

advanced practice nursing within a population focus of family or individual across the lifespan, adult gerontology, pediatrics, women's health, or behavioral health shall be exempt from subsections b. and c. of this section and may authorize qualifying patients for the medical use of cannabis and issue written instructions for medical cannabis to registered qualifying patients without a joint protocol with a collaborating physician, provided that:

(a) the advanced practice nurse has more than 5,000 hours of licensed, active, advanced nursing practice in a role with the applicable population focus;

(b) the advanced practice nurse is providing primary health care or behavioral health care;

(c) the advanced practice nurse is not providing health care services in the area of general obstetrics;

(d) the advanced practice nurse is not providing elective aesthetic or cosmetic services; and

(e) the advanced practice nurse, to the extent the advanced practice nurse is providing behavioral health care services, takes appropriate action to facilitate the timely referral, transfer, or admission to a higher level of care in the event the advanced practice nurse determines, based upon clinical judgment, that a patient requires such level of care. The determination shall be based upon a documented clinical assessment.

h. (1) Pursuant to this subsection, an advanced practice nurse who is authorized to practice advanced practice nursing within a population focus of family or individual across the lifespan, adult gerontology, pediatrics, women's health, or behavioral health shall be exempt from subsections b. and c. of this section and shall be authorized to practice without a joint protocol with a collaborating physician, provided that:

(a) the advanced practice nurse has more than 5,000 hours of licensed, active, advanced nursing practice in a role with the applicable population focus;

(b) the advanced practice nurse is providing primary health care or behavioral health care;

(c) the advanced practice nurse is not providing health care services in the area of general obstetrics;

(d) the advanced practice nurse is not providing elective aesthetic or cosmetic services; and

(e) the advanced practice nurse, to the extent the advanced practice nurse is providing behavioral health care services, takes appropriate action to facilitate the timely referral, transfer, or admission to a higher level of care in the event the advanced practice nurse determines, based upon clinical judgment, that a patient requires such level of care. The determination shall be based upon a documented clinical assessment.

(2) An advanced practice nurse who meets the exemption criteria provided pursuant to paragraph (1) of this subsection may order medications and devices, subject to the following conditions:

(a) the advanced practice nurse shall issue a prescription on a New Jersey Prescription Blank in accordance with the provisions of P.L.2003, c.280 (C.45:14-40 et seq.) and include on the prescription blank the advanced practice nurse's signature, printed name, certification number, and patient information and any other information required pursuant to regulations adopted by the New Jersey Board of Nursing;

(b) the advanced practice nurse shall have completed 14 contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management. Of the 14 contact hours, eight hours shall be in addition to New Jersey Board of Nursing controlled dangerous substance pharmacology education requirements for advanced practice nurses related to initial certification of an advanced practice nurse as set forth in regulations adopted by the New Jersey Board of Nursing at the time of the effective date of P.L.2026, c.6 (C.45:11-48.1 et al.);

(c) the advanced practice nurse shall have completed 10 contact hours of continuing professional education in pharmacology each biennial period;

(d) the advanced practice nurse, who is practicing independently, shall be held to the same standard of care as other independent health care practitioners.

(e) the advanced practice nurse shall be required to be covered by malpractice liability insurance or, if such liability coverage is not available, by a letter of credit for at least the minimum amount applicable to a licensed physician. The advance practice nurse shall notify the Board of Nursing of the name and address of the insurance carrier or the institution issuing the letter of credit;

(f) if the advanced practice nurse does not provide services to beneficiaries of the Medicare program established pursuant to section 1801 of the Social Security Act (42 U.S.C. s.1395 et seq.), the advanced practice nurse shall, if applicable, prominently display in the advanced practice nurse's office an appropriate notice and inform, in writing, the Board of Nursing; and

(g) the advanced practice nurse shall immediately notify the Board of Nursing if the advanced practice nurse is:

(i) is incapable, for medical or any other good cause, of discharging the functions of the advanced practice nurse in a manner consistent with the public's health, safety, and welfare;

(ii) is indicted or convicted of a crime involving moral turpitude or a crime adversely relating to the advanced practice nurse's practice;

(iii) is named as a defendant or respondent in a civil, criminal, or administrative investigation, complaint, or judgment involving alleged malpractice, negligence, or misconduct relating to the advanced practice nurse's practice;

(iv) is the subject of any voluntary license or certification surrender or any disciplinary action or order by any state or Federal agency, board, or commission, including any order of limitation or preclusion; or

(v) fails to maintain or renew any certification which is required by law as a condition of practice or as a condition of license or certification renewal.

i. Any provision of State law or regulation that requires the signature, stamp, verification, affidavit, or endorsement of a physician shall be deemed to require the signature, stamp, verification, affidavit, or endorsement of a physician or an advanced practice nurse to the extent consistent with the scope of practice of an advanced practice nurse.

4. Section 10 of P.L.1999, c.85 (C.45:11-49.2) is amended to read as follows:

C.45:11-49.2 Standards for joint protocols applicable to ordering, prescription of controlled dangerous substances.

10. No later than the 180th day after the enactment of P.L.1999, c.85, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety shall adopt standards for the joint protocols required by subsection d. of section 10 of P.L.1991, c.377 (C.45:11-49), which shall apply to the ordering or prescription of controlled dangerous substances by an advanced practice nurse pursuant to that section. The standards shall be adopted by regulation in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), provided that such regulation shall not be more restrictive than the provisions of P.L.1991, c.377 (C.45:11-45 et al.).

5. Section 13 of P.L.2017, c.341 (C.45:11-49.3) is amended to read as follows:

C.45:11-49.3 Advanced practice nurse may dispense certain narcotics.

13. a. Notwithstanding any other provision of law or regulation to the contrary, an advanced practice nurse may dispense narcotic drugs for maintenance treatment or detoxification treatment if the advanced practice nurse has met the training and registration requirements set forth in subsection (g) of 21 U.S.C. s.823. When applicable, an advanced practice nurse who is authorized to dispense such drugs may do so regardless of whether the advanced practice nurse's collaborating physician has met the training and registration requirements set forth in subsection (g) of 21 U.S.C. s.823, provided that the joint protocol established by the advanced practice nurse and the collaborating physician include the collaborating physician's written approval for the advanced practice nurse to dispense the drugs.

b. Notwithstanding any other provision of law or regulation to the contrary, an advanced practice nurse, under the joint protocol established by the advanced practice nurse and the collaborating physician, may make the determination as to the medical necessity for services for the treatment of substance use disorder, as provided in P.L.2017, c.28 (C.17:48-6nn et al.), and may prescribe such services.

c. The provisions of this section regarding joint protocols shall not apply under the circumstances outlined in subsections g. and h. of section 10 of P.L.1991, c. 377 (C.45:11-49).

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

C.45:11-50 New Jersey Board of Nursing; additional powers and duties.

11. In addition to such other powers as it may by law possess, the New Jersey Board of Nursing shall have the following powers and duties:

a. To promulgate, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), rules and regulations to effectuate the purposes of P.L.1991, c.377 (C.45:11-45 et al.), except for those subjects of rule-making authority allocated to the Director of the Division of Consumer Affairs, pursuant to section 12 of P.L.1991, c.377 (C.45:11-51), or to the Commissioner of Health and Senior Services, pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);

b. To evaluate and pass upon the qualifications of candidates for certification as advanced practice nurses;

c. To evaluate and pass upon national accreditation organizations and the holders of certificates from those organizations as necessary to award certificates pursuant to section 9 of P.L.1991, c.377 (C.45:11-48);

d. To establish specialty areas of practice for advanced practice nurses;

e. To take disciplinary action, in accordance with P.L.1978, c.73 (C.45:1-14 et seq.), against an advanced practice nurse who violates the provisions of P.L.1991, c.377 (C.45:11-45 et al.), any regulation promulgated thereunder, or P.L.1978, c.73 (C.45:1-14 et seq.);

f. To approve the examination to be taken by candidates for certification;

g. To set standards of professional conduct for advanced practice nurses;

h. To set fees for examinations, certification, and other services consistent with section 2 of P.L.1974, c.46 (C.45:1-3.2);

i. To set standards for and approve continuing education programs; and

j. To determine whether the requirements of another state with respect to certification as an advanced practice nurse are substantially equivalent to those of this State in accordance with subsection c. of section 8 of P.L.1991, c.377 (C.45:11-47).

k. To limit, restrict, deny, suspend, or revoke an advanced practice nurse's licensure or prescriptive or dispensing authority. The board may take disciplinary action for:

(1) prescribing, dispensing, administering, or distributing medications in an unsafe manner;

(2) prescribing or distributing medications outside the advanced practice nurse's role or population focus; or

(3) prescribing, ordering, procuring, administering, dispensing and furnishing over the counter, legend, and controlled substances outside the applicable state and federal laws or regulations.

7. Section 12 of P.L.1991, c.377 (C.45:11-51) is amended to read as follows:

C.45:11-51 Adoption of standards.

12. The Director of the Division of Consumer Affairs in the Department of Law and Public Safety may receive and shall give due consideration to advice from the Board of Nursing and the State Board of Medical Examiners in adopting standards for the joint protocols required by subsection d. of section 10 of P.L.1991, c.377 (C.45:11-49). The standards shall be established by rule adopted by the Director of the Division of Consumer Affairs in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), provided that such rule shall not be more restrictive than the provisions of P.L.1991, c.377 (C.45:11-45 et al.).

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

C.45:11-52 Review of charts, records of patients treated by advanced practice nurse.

13. The Commissioner of Health shall, by rule adopted in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), establish the periods of time within which the charts and records of the patients treated by the advanced practice nurse in an inpatient setting shall be reviewed by the advanced practice nurse and the collaborating physician, as required by paragraph (5) of subsection b. of section 10 of P.L.1991, c.377 (C.45:11-49), provided that such rule shall not be more restrictive than the provisions of P.L.1991, c.377 (C.45:11-45 et al.).

C.45:11-52.1 Adoption of regulations to effectuate exemption from joint protocol requirements, advanced practice nurses.

9. Notwithstanding the provisions of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary, the Board of Nursing and the Commissioner of Health shall adopt, immediately upon filing proper notice with the Office of Administrative Law, regulations necessary to effectuate the purposes of this act, including the process by which the board shall verify the number of hours an advanced practice nurse has completed in order for the advanced practice nurse to practice without a joint protocol pursuant to subsections g. and h. of section 3 and subsections a. and b. of section 10, provided that such rules shall not be more restrictive than the provisions of P.L.1991, c.377 (C.45:11-45 et al.). Such regulations shall be effective for a period not to exceed 18 months from the date of the filing, at which point the Board of Nursing and the Commissioner of Health may thereafter amend, adopt, or readopt the regulations in accordance with the requirements of P.L.1968, c.410 (C.52:14B-1 et seq.).

C.45:11-52.2 Exceptions, requirements, certain advanced practice nurses practicing without joint protocol.

10. This act shall take effect immediately, except that, notwithstanding any provision of P.L.2026, c.6 (C.45:11-48.1 et al.) to the contrary, an advanced practice nurse authorized to prescribe, authorize, or order medications and devices without a joint protocol pursuant to Executive Order No. 13 (2026) shall be authorized to:

a. if the advanced practice nurse would have 5,000 hours of licensed, active, advanced nursing practice within 12 months of the effective date of P.L.2026, c.6 (C.45:11-48.1 et al.), continue practicing without a joint protocol; or

b. if the advanced practice nurse would have less than 5,000 hours of licensed, active, advanced nursing practice within 12 months of the effective date of P.L.2026, c.6 (C.45:11-48.1 et al.), continue practicing without a joint protocol for a period of six months after the effective date of P.L.2026, c.6 (C.45:11-48.1 et al.), after which the advanced practice nurse shall be required to establish a joint protocol with a collaborating physician pursuant to the provisions of section 10 of P.L.1991, c.377 (C.45:11-49) and any hours of licensed, active, advanced nursing practice without a joint protocol shall be counted towards the requirements for practice without a joint protocol with a collaborating physician pursuant to section 10 of P.L.1991, c.377 (C.45:11-49).

Approved March 30, 2026.