Position Statement

Consumer Access to Health Care Act
S1961 Sponsor: Vitale (D19) A854 Sponsors: Munoz (R21), Jasey (D27), Benson (D14), Coughlin (D19) +8

With an increasing and aging population, along with the Affordable Care Act (ACA) and Medicaid expansion, approximately 294 million individuals had healthcare insurance in 2017, including approximately 92 percent of New Jersey residents (Berchick, Hood & Barnett, 2018). As such, the demand for primary care providers (PCP) in the coming years will only increase while there will be a shortage of 14,800-49,300 PCPs by 2030 nationally (AAMC, 2018) and a 14 percent deficit of PCPs for New Jersey by 2025 (DHHS, 2016). This increased demand for more PCPs by an insured population, in addition to the ongoing shortage, further exacerbates the concern of inadequate primary care resources. The AAMC (2018) found the lowest PCP shortages in model projections where there was a high utilization of independently practicing Advanced Practice Nurses (APNs).

Twenty three states, including the District of Columbia, have already passed legislation giving APNs full practice autonomy (AANP, n.d.). Park et al. (2018) argued to remove the barriers that prevent APNs from practicing to the full extent of their education and training in order to increase primary care capacity, which can lead to higher levels of efficiency and effectiveness in practice.

“With 89 percent of the nurse practitioner (NP) population prepared in primary care and
over 75 percent of actively practicing NPs providing primary care, NPs are a vital part of the U.S. primary care workforce. Evidence supports the high quality and cost-effectiveness of NP care and the continued interest of the discipline to contribute to solving the primary care dilemma.” (American Academy of Nurse Practitioners [AANP], 2012)

As licensed independent practitioners who provide care in acute, long-term, primary and specialty care settings, APNs are credentialed to practice autonomously according to their practice specialty, independent of physician oversight. They assess, diagnose, prescribe, order and manage the health problems and care needs of patients and clients across populations (AANP, 2012; Kirschling, 2012; National Council of State Boards of Nursing, 2011). Moreover, APNs provide vital contributions in the areas of research and patient advocacy (AANP, 2012).

In New Jersey, the nursing profession and the New Jersey Board of Nursing (NJBON) determine the scope and standards of practice for APNs. As such, APN legal authority to practice and regulate APN practice is determined through credentialing by the NJBON (NJBON, 2015; Phillips, 2012, 2015). Furthermore, under current New Jersey state regulations, N. J. APNs have prescriptive authority, but are required to enter into a joint protocol with a collaborating licensed New Jersey physician prior to prescribing any medication or device (NJBON, 2015). In Nov. 2012 Senator Joseph Vitale introduced N. J. Senate bill S1961 that would remove the joint protocol and allow APNs to prescribe medication and devices without needing to consult a physician. Under S1961, new APNs with less than 24 months or 2,400 hours of active advanced nursing practice would still be required to enter into a joint protocol agreement with a collaborating provider. It is important to note that removal of the joint protocol agreement should
not be interpreted to mean that interdisciplinary collaboration should be diminished, but rather that all barriers are alleviated that will allow for full and expedient practice.

It is the position of the Organization of Nurse Leaders, NJ (ONL NJ) that the scope of practice for APNs should continue to be determined by the nursing profession and the NJBON, and asserts, like the Institute of Medicine’s (2010) *Future of Nursing Initiative* affirmation, that “Nurses should practice to the full extent of their education and training” (p. 2). “Four decades of evaluation and research on NP practice consistently support the high quality and cost-effectiveness of NP care” (AANP, n.d.). Upon review of S1961, ONL NJ supports this proposed legislation.
References


