

Frequently Asked Questions About: The Consumer Access to Health Care Bill

1 Question: Why are NJ Advanced Practice Nurses (APNs) seeking to remove the Joint Protocol* requirement from NJ statutes?

Answer:

- Access to care is an issue in New Jersey with 13 of the 21 counties showing a shortage of primary care providers (AHRF, 2018).
- This could be lessened by modernizing the regulation for APN practice in New Jersey.
- Currently, 22 states and the District of Columbia have changed regulations to eliminate this barrier by eliminating the required contract with physicians. This change can help with both the mental health crisis and primary care being available to vulnerable populations and communities across New Jersey.
- The Joint Protocol acts as a barrier to full NJ consumer access to APN care.
- The current primary and specialty health care needs of New Jersey residents already exceed the supply of autonomous providers and these needs will be significantly magnified by health care reform as more NJ consumers are covered by health care insurance.
- APNs are skilled professionals educationally and clinically prepared to meet these health care needs.
- Collaboration is a professional nursing responsibility that occurs continually, cannot be assured by a joint protocol and need not be mandated by statute.
- APNs can most effectively increase New Jersey consumer's access to health care when they are allowed to practice to the full scope of their educational preparation and clinical experience.

2 Question: Are APNs new providers in the state of New Jersey?

Answer:

- No. APNs have been providing safe, cost-effective and high quality care to NJ consumers for the past 40 years.
- Many people have come into contact with APNs at their doctor's offices, in schools and colleges, as behavioral health care specialists, in neighborhood drug stores or when hospitalized.
- More familiar titles of APNs include nurse practitioners, clinical nurse specialists and nurse anesthetists.

3 Question: Is New Jersey the only state that is seeking the removal of the Joint Protocol?

Answer:

- No. In an effort to increase consumer access to APN care, 21 states** and the District of Columbia have now removed all requirements for collaboration or supervision from their APN statutes and regulations. Nearby Maryland have done so and New York has removed almost all restrictions.
- These actions are consistent with the recommendations of the National Council of State Boards of Nursing (NCSBN) that APRNs be licensed and regulated with no requirements for collaboration, direction or supervision.
- In 2010, the Institute of Medicine released a report: The Future of Nursing: Leading Change, Advancing Health which urged all states to remove unnecessary, outdated legislative and regulatory barriers to nursing practice in order to increase consumer access to care; this bill is also consistent with the IOM report's recommendations.

4 Question: Will removing the Joint Protocol make APNs less safe to practice?

Answer:

- No. APNs are already fully responsible and accountable for the care they provide. If and when a lawsuit regarding an APN's prescribing arises, the APN is historically recognized in court as the prescriber and the burden falls on the APN to demonstrate how she/he has safely and effectively prescribed. Removing the JP will relieve physicians of concerns over acting as legally required collaborating physicians of APNs for the purpose of prescribing.
- It is important to note that APNs have a very low incidence of lawsuits or settlements; in NJ between 1990 and January 29, 2012, only 1% of APNs have been reported to the National Practitioner Data Bank related to lawsuits/settlements compared to 33% of physicians during the same timeframe. The JP is only necessary in NJ for APNs to prescribe drugs and devices related to drug delivery; all other aspects of an APN's practice in NJ are already fully independent. This remaining constraint to independent practice is overdue for removal from APN statutes and regulations.

5 **Question: In what ways does the Joint Protocol requirement impede APN's ability to practice to their full scope?**

Answer: A recent survey of NJ APNs provided the following responses:

- It is costly: some APNs are paying between \$600/month to \$24,000 per year for a collaborating physician who may never see the APNs' patients, who is only required to be available by electronic communication and who may participate only reluctantly in periodic chart review.
- As an APN in independent practice, if my collaborating physician dies, retires or moves out of state, my patients are suddenly unable to get their prescriptions filled. In addition, insurance companies will drop an APN without a collaborating physician from their panels unless and until the APN can find another collaborating physician credentialed by those insurers.
- It makes care both confusing and less safe when the collaborating physician's name is put on patient's prescription containers instead of my name; radiologists and consulting physician specialists consistently send reports back to my collaborating physician who is unlikely to have even seen the patient or discussed the patient's care; this is not only unprofessional, it is unsafe and may delay care when a timely response, (as with a suspicious mammogram) is essential.
- The JP is a false "safety net;" all APNs are responsible and accountable for the care they provide, legally. Removal of the JP will make that explicitly clear.
- The JP makes physicians anxious about their degree of liability despite the fact that APN malpractice rates are very low compared to their own physician colleagues. Removing it should help relieve that unnecessary anxiety.
- The National Council of State Board of Nursing emphasizes that the Board of Nursing (BON) alone, in every state, should have authority over practice of APNs; removing the JP will bring NJ into alignment with the guidelines of the National Council.
- The JP is cited as reason APNs can't be credentialed/empanelled as independent licensed practitioners by some insurers and by some hospital credentialing committees. Removing the JP will increase consumer's access to APNs by making them a provider of choice on more insurers' panels; it will also result in hospital policy changes permitting APNs to freely admit, discharge and oversee the care of their own panel of patients.
- Removal of this barrier will make it easier to remove other state statutory and regulatory impediments so that APNs in NJ can be more accessible to NJ residents as fully independent providers: For example, currently APNs cannot sign:
 - Commitment papers for in-patient's psychiatric care even though they may be the patient's psychiatric provider of choice
 - DNR: NPs are not currently authorized to sign Do Not Resuscitate orders.
 - Requests for continuation of utility services when a patient is in a life-threatening condition and the APN is that patient's primary care provider of choice

*Definition of Joint Protocol: a requirement introduced with the passage of the first nurse practitioner/clinical nurse specialist bill in 1992 that mandates that all NPs/CNSs (now APNs) that prescribe drugs and devices related to drug delivery must have a Joint Protocol with a collaborating physician. The Joint Protocol lays out the parameters of this agreement.

**These states are: Alaska, Arizona, Colorado, Connecticut, Hawaii, Idaho, Iowa, Maine, Maryland, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, Rhode Island, South Dakota, Vermont, Washington, Wyoming and the D.C.

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