S1522 A2286 Eliminates Certain Practice Restrictions For Advanced Practice Nurses.

Clarifying Misconceptions

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MYTH: APNs want to be able to prescribe medications
FACT: NJ APNs along with those in all 50 states and the D.C. are authorized to prescribe medications. NJ APNs have had prescriptive authority in accordance with a joint protocol since 1992. Full authorization to prescribe CDS was added in 2004. APNs in full-time practice write an average of 21 prescriptions per day.

MYTH: APNs want to expand their scope of practice
FACT: S1522/A2286 is not an expansion of NJ APN practice. NJ APNs are not seeking to do any more than they have already been doing for over 4 decades. NJ APNs are seeking to streamline care by removing an onerous, costly, outdated and unnecessary barrier that gets in the way of patients' full access to that care.

MYTH: APNs are trying to act as physicians by practicing medicine
FACT: APNs are legally allowed to diagnose, monitor and treat individuals for their health care conditions and illnesses. Employing overlapping skills in healthcare is essential to high quality patient care. No one profession actually owns a skill. The dynamic nature of knowledge and skill acquisition must necessarily lead to shared prerogatives. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice. Competencies are shared. Legal authorization of these competencies should be based on professional knowledge, capability, and professional credentialing rather than notions of exclusive ownership. The priority should be about increasing consumers' access to safe, competent healthcare services.

MYTH: APNs do not want to collaborate with physicians
FACT: APNs regularly consult, collaborate, and refer, as necessary, to a variety of health care providers, in order to ensure that the patient receives appropriate diagnosis and treatment. Collaboration has always been and will continue to be a professional responsibility for all members of the health care team, including physicians. Mandating collaboration in law does not guarantee it will occur in practice.

MYTH: The Physician led Team-Model is the optimal model for patients
FACT: Teams should be built around the needs of the patients. The leader may be a physician, but a physician might not be the most appropriate person to lead and coordinate the care of the patient. Leadership should be based on the skills, knowledge, and experience necessary to meet the demands of a particular situation.

MYTH: APN's want to practice independently of teams
FACT: Team-based, patient-centered care will remain strong. Patients are healthiest when they can access the health care system easily and affordably. APNs are trained to work as part of a health care team – it is part of our core philosophy. Just as physicians need no mandate to refer patients to a specialist, APNs work with other health care professionals any time it benefits the health of a patient.

MYTH: APN's don't have malpractice insurance
FACT: NJ APNs are required to maintain malpractice coverage and are fully responsible for the care that they provide. Attaining full practice authority* with the removal of the JP from APN law will make this explicitly clear. It will also remove the anxiety some physicians express about the Joint Protocol implicitly implicating them in the care APNs provide. Fear of malpractice is one of the reasons physicians cite for charging APNs when signing a Joint

Protocol agreement, even though studies show that the claims against APNs are significantly lower than those against physicians.

MYTH: APN's practice under a physician's license
FACT: NJ APNs practice under their own license, are nationally board certified, and are legally responsible for the care they provide. Oversight is by the NJ BON not the NJ BOME because Nursing and Medicine are two distinct professions.

MYTH: APNs are mid-level providers
FACT: More than 40 years of data demonstrate that APNs provide high quality care equal to that of their physician colleagues caring for comparable populations. The pejorative term "mid-level" connotes providing care that is "middle of the road" and sub par. APNs hold advanced degrees and are legally authorized to diagnose and treat patients. There have been over 100 studies over the past 50 years on care provided by APNs. Every major study has shown that APNs' patient health outcomes are as good or better than other providers.

*Full Practice Authority means an APN can practice with legal independence free of joint protocols or collaborative agreements with physicians.

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