

Type: Essay

Subject: Others (Specify in the next page)

Subject area: Nursing

Education Level: Masters Program

Length: 8 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Analysis of APN Practice Regulations Paper:

Instructions: in this scholarly paper, you are assigned a u.s. state and will write relevant apn statutes from the nurse practice act and apn rules and regulations. you should compare and contrast practice environments between your assigned state (oklahoma) and new jersey.

Focus: rubric: an analysis of apn practice regulations paper due in this scholarly paper, you are assigned a u.s. state (oklahoma) and will write relevant apn statutes from the nurse practice act and apn rules and regulations. you should compare and contrast practice environments between your assigned state and new jersey. upload your assignment under assignment (see the link [writingcenter.unc.edu](http://writingcenter.unc.edu) about how to write a compare and contrast paper). be sure to submit to safeassign- an originality software before you submit the final paper. make sure to use headings, and the following is addressed in your paper: grading rubric: analysis of apn practice regulations paper criteria percents heading 1: introduction: brief overview of the paper topic, relevant factors are introduced, purpose of the paper assignment clearly stated. 10% heading 2: background: provide background information and state comparison with new jersey: 10% heading 3: discuss board certifications and renewal, analyze collaborative agreements and prescriptive authority-15% heading 4: analyze restrictions for aprn, hospital privileges, nursing compact, and palliative end of life care 15% heading 5: conclusion and summary key points included 10% efficacy of writing style, spelling, grammar, correct use of apa 7th edition with citations. paper is no longer than 10 pages, with title/reference page. 10% valid and relevant references (apa 7th edition format) with at least 5 primary sources less than 5 years 10% total: 100

Structure: apa 7th edition

Important notes: paper is to be no more than 10 pages. please use at least 5 references that are no more than 5 years old. references should be american, peer reviewed, nursing journals please also utilize text book: hamric and hanson's advanced practice nursing, 6th edition, tracy and o'grady, 2019

## Analysis of APN Practice Regulations Paper

Name

Module

Module Code

**Introduction**

A profession should be guided by standards of practice and regulation of practice. The nursing profession in the United States is subject to various laws, rules and policies. Nursing practice is regulated at the federal and state level. There are various policies that have been adopted to ensure that nurses operate in a safe environment and also provide quality and safe

care to the patients. For example, the licensure process ensures that nursing professionals have the required knowledge and expertise. The U.S. Department of Health and Human Services protects the population health at the federal level. There are also 11 divisions that regulate health at the federal level including the Centers for Disease Control and Prevention, the Food and Drug Administration among others (Soelberg et al. 2017).

The Nursing Practice Act (NPA) defines the laws that govern the practice of nursing. However, every state has the responsibility of regulating their individual NPA through the board of nursing (BON). In some states, there is only one nursing board that regulates various levels of nursing while in others like California and Nebraska have separate boards to regulate specific levels of nursing. There are also other laws and regulations that regulated various nursing professionals. For example, the Board of Midwifery and Public Health regulations regulate the activities of nurse-midwives in various states. The legal and regulatory framework in nursing is different from state to state. Due to the variations in APRNs and other variations in APN rules and regulations, the current report is aimed at determining how the scope of nursing practice is defined in Oklahoma and New Jersey states and compare and contrast between their rules and regulations in nursing practice.

## **Background**

The report under consideration compares Oklahoma and New Jersey in terms of their relevant Advanced practice nurse (APN) statutes from the nurse practice act and APN rules and regulations. Oklahoma is a state which is located in the Southern Central region and borders Texas, Kansas and Missouri. Oklahoma is the 28th most populated country in the United States and 20th most expensive state in the country. According to nursing.ok.gov (2021) there were 51,590 Registered Nurses (RNs) in Oklahoma, 16,452 Licensed Practical Nurses, 5,127 Advanced Practice Registered Nurses and 4,110 prescriptive authorities. There are 453 Advanced Unlicensed Assistants (AUAs) and 63 nursing education programs. The

report also showed that there are 3,523 registered nurses who were employed in the year 2020, 356 who were not employed in nursing and 962 whose employment status is unknown.

There are 110,000 Registered Nurses in New Jersey. According to the ASSEMBLY, No. 1470 218th Legislature, the minimum nurse-to-patient ratios varies based on the type of health unit under consideration. For example, the behavioural health unit should have one registered professional nurse for each five patients.

In New Jersey, nursing practitioners, nurse anaesthetics, nursing specialists are all classified as Advanced Practice Nurses. According to the state laws, the Nurse Practitioners (NP), Clinical Nurse Specialists, and Advanced Practice Nurses are regulated by New Jersey Board of Nursing (Cadmus et al. 2020). Certified Nurse-Midwives (CNMs) are regulated by the Board of Midwifery. The Joint Protocol was established by through a joint committee of BON and BOME. However, the BON alone maintains regulatory authority over APN. The Board of Nursing in New Jersey verifies all the RN and APN licenses. The Board of Nursing is mandated to have at least one APN seat. All Advanced Practice Nurses (APN) are required to prescribe to the Schedule II through V of the Controlled Dangerous Substance (CDS) including controlled substances. APNs should acquire the New Jersey CDS before one applies for federal DEA number.

According to the Oklahoma laws, a nursing professional must possess an active single state Oklahoma RN license or an active multistate RN license to practice as an APRN. The nursing profession in Oklahoma is regulated by the Oklahoma Board of Nursing. The Board has eleven members who are appointed by the governor. Six of the members are registered nurses while three are licensed practical nurses. The other two members are public representatives. The board regulates nurses in various levels including practice registered nursing, practical nursing and advanced practice nursing.

The Oklahoma Nursing Practice Act was adopted in 21st May 2020 with an aim to regulate the education, certification and licensure of registered, licensed practical nurses and advanced unlicensed assistive persons (Corner and Course 2021). THE OKLAHOMA NURSE.).

The Oklahoma Board of Nursing has the authority and power to regulate nursing practice as stipulated in the NPA. Some of the duties of the board include offering licenses to applicants, conducting disciplinary processes, stipulating standards in nursing education, amending and enforcing nursing regulations and setting licensure fees.

### **Board certifications and renewal, collaborative agreements and prescriptive authority**

For an individual to be licensed as an Advanced practice nurse in New Jersey, the individual should complete at least a master's degree in nursing. The master's degree can be Master of Nursing (MN), Master of Science in Nursing (MSN) or Doctorate in Nursing Practice. The BON can also accept PhDs based on the nursing program under consideration. For one to be licensed in New Jersey, they should have undertaken the basic core subjects including health promotion and disease prevention, physiology and pathophysiology, health assessment, pharmacology and foundations of nursing practice among others. The APN programs also require successful students to have professional clinical experience in the field of interest. The BON also stipulates the specialty scope of practice for all nursing professionals and licensed nurses should possess the certification for recognition and practice. The new APN regulation was adopted in New Jersey on 16th June 2008. APNs who had already been certified before the new regulation are however not required to provide the proof of national certification when renewing their certifications.

According to N.J.A.C.13:37-7.8 and N.J.A.C. 13:37-5.3, APNs are required to complete 30 contact hours of professional education every two years. The regulation focuses on continuing education (CE) and should be offered by an approved institution. The board

conducts random audits and the APNs should always have the necessary proof to show that they have complied with the CE regulation. The renewal fee is USD 120.

The state of New Jersey has adopted a joint protocol where nursing professionals can engage in a collaborative agreement with physicians. Under the written agreements which is between the APN and a collaborative physician, the nurse is allowed only to prescribe drugs and medical devices to patients but not to practice as a physician (Davis et al. 2021). Nurses in New Jersey can therefore prescribe medications if they have a joint agreement with physicians. According to the New Jersey laws, the joint protocol should contain various elements including the nature of practice, the targeted population, the methodology adopted to maintain records, a list of all medications prescribed, guidelines for direct consultation and follow a template displayed in the NJSNA website.

Unlike New Jersey, Oklahoma is not a member of the nurse license compact. Therefore, APNs who are licensed in other states through either non-compact or compact guidelines can apply to work in Oklahoma through endorsement. Nursing graduates who seek license for the first time have to sit for an examination and registered by the Oklahoma Board of Nursing. Oklahoma has a well-defined method of renewal of APN licenses. According to the state's guidelines, one must apply for renewal at least six months in advance. There are various methods of applying for the renewal including sending a request for renewal letter to OSDH/Nurse Aide Registry, 123 Robert S. Kerr Ave, Ste. 1702, Oklahoma City, OK 73102 and sending an email to [NAR@health.ok.gov](mailto:NAR@health.ok.gov). APNs in Oklahoma are required to retest if they fail to work within two years after given their certifications or their certifications have expired for a period of more than two years where they only have one chance to pass the test. Failure to pass the test requires the nurse to undergo retraining. Unlike in New Jersey where APNs are required to have a collaborative agreement to administer medication, in Oklahoma APNs are only required to have a DEA number to prescribe medication. However, the nurses

can only prescribe drugs categorized under Schedule III to IV as third day supply without refills. APNs cannot prescribe Schedule II medications even with a DEA number.

**Restrictions for APRN, hospital privileges, nursing compact, and palliative end of life care**

In New Jersey, APRNs are required to answer 7 questions under the scope of nursing practice model to determine whether the action they are about to take is within their scope. The state does not provide a list of all activities that are within the scope of APRNs. Some of the questions under the model include Is the act consistent with your scope of practice and the Rules and Regulations in the New Jersey Board of Nursing Practice Act? And Is the act consistent with the Board's Guidelines regarding nursing practice?

All the restrictions for APRNs in Oklahoma are described in the Oklahoma Board of Nursing website. There are various guidelines which are categorized into sections. Some of the sections include CRNA Inclusionary formulary, exclusionary formulary for APRNs with prescriptive authority, Issuance of temporary licenses for APRNs, RNs and LPNs through endorsement and APRNs opinion requests procedure.

The hospitals in New Jersey have various privileges. For example, hospitals have the privilege of to administer or supervise the administration of general or regional anesthesia or conscious sedation and to perform surgery or special procedures in the facility. the State Board of Medical Examiners possess alternative privileges to APRNs without hospital privileges. In both New Jersey and Oklahoma, hospitals have the privileges to allow APNs to work in their facilities and create guiding processes, rule and regulations which should be in-line with state laws.

The state of New Jersey adopted the SENATE, No. 3116 STATE OF NEW JERSEY 218th Legislature that requires health facilities to implement end-of-life planning and training. The law stipulates various policies including a requirement that all administrative

personnel and professional staff to undertake an annual educational training on advanced care planning and end-of life care. The law also requires health facilities to offer patients and their families with educational materials on Planning and Physician Orders for Life-Sustaining Treatment (POLST). Facilities that fail to comply with the regulation are required to submit a plan for corrective action to the health department failure to which the Commissioner of Health can impose penalties or take disciplinary actions against the institution.

The Oklahoma Human Services issued the 340:100-5-26.2. End-of-life issue to offer support to patients receiving care under the Developmental Disabilities Services Division (DDSD) towards the end-of-life issues (Wickersham et al. 2019). According to the policy, patients should undergo a normal dying process without their dying being fastened or delayed. The regulation empowers patients to make decisions that would ensure that they live and die in dignity and comfort. When a patient is diagnosed with a terminal illness and referred for hospice services, the case manager is mandated under the regulation to create a personal support team within five working days. The team reviews all the care options including all the hospice services. The regulation provides clear roles and responsibilities of the case manager including identifying resources, notifying the DDSD state office Medical Services Unit regarding the hospice services preferred, meeting close family members of the patient, integrate the hospice treatment plan into the individual plan (IP) and ensure that the DDSD does not offer services which are similar to those offered by hospice. The responsibility of the DDSD nurse as stipulated under the regulation include assisting the case manager, service recipient and patient's guardian, developing a nursing support plan and coordinating medication issues.

### **Conclusion and summary key points**

The nursing profession is guided by various laws and regulations. The Nursing Practice Act (NPA) defines the laws that govern the practice of nursing but each state has the

responsibility of regulating their individual NPA through their boards of nursing (BON). The current report compares Oklahoma and New Jersey in terms of their relevant Advanced practice nurse (APN) statutes to determine how related or different the laws are. According to the report, licensed Advanced practice nurse should complete at least a master's degree in nursing. In New Jersey, Nurse Practitioners (NP), Clinical Nurse Specialists, and Advanced Practice Nurses are regulated by New Jersey Board of Nursing (NJBON) while Certified Nurse-Midwives (CNMs) are regulated by the Board of Midwifery. The Board of Nursing in Oklahoma regulates all levels of nurses.

New Jersey has adopted a joint protocol where nursing professionals can administer medication if they are engaged in a collaborative agreement with physicians. In Oklahoma APNs are only required to have a DEA number to prescribe medication but can only prescribe drugs categorized under Schedule III to IV. Both states have elaborate palliative care end-of-life regulations. The state of New Jersey adopted the SENATE, No. 3116 STATE OF NEW JERSEY 218th Legislature that requires health facilities to implement end-of-life planning and training. The Oklahoma Human Services issued the 340:100-5-26.2. End-of-life issue that stipulates that patients should undergo a normal dying process without their dying being fastened or delayed. The two states therefore have almost similar laws to govern APNs and APRNs. The states however have different bodies and policies to ensure the provision of quality palliative care. New Jersey is focused on education of health care providers while Oklahoma focuses on involving patients and guardians in the care process.

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