From Supervision to Independence: New Jersey Rewrites the APN Rulebook

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What You Need to Know

- New Jersey Governor Sherrill has signed legislation establishing that certain qualified Advanced Practice Nurses (APNs) in primary care and behavioral health settings in the state can independently practice and prescribe independently
- Only APNs who focus on family or individual care across the lifespan (from pediatrics to gerontology) or in behavioral healthcare settings are now exempt from longstanding joint protocol requirements
- The law establishes a series of new compliance obligations and sets forth various conditions with respect to experience thresholds, continuing education, prescribing authority, malpractice liability coverage, notice requirements, and Medicare disclosures

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On March 30, 2026, New Jersey Governor Mikie Sherrill signed legislation making permanent the ability of certain qualified Advanced Practice Nurses (APNs) to practice and prescribe independently in New Jersey, marking a fundamental shift in the State's regulatory landscape by eliminating the longstanding requirement that APNs maintain joint protocols with collaborating physicians. In doing so, New Jersey moves from a supervision-based model toward a more autonomous, experience-based framework, building on temporary measures adopted during the COVID-19 public health emergency.

Under the new law, qualified APNs in primary care treating families or individuals across the lifespan, from pediatrics to gerontology, and those in women's health or behavioral health settings, may diagnose, treat, and prescribe medications without physician oversight, provided they have completed more than 5,000 hours of clinical practice.

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The legislation is not universal in scope, as it excludes certain APNs, including those practicing in obstetrics. Also excluded are APNs practicing in cosmetic or med spa settings, signaling continued regulatory caution around elective and aesthetic services. As a result, physician involvement and Corporate Practice of Medicine (CPOM) considerations will remain particularly relevant in those sectors.

The law further establishes a series of conditions applicable to independently practicing APNs, particularly with respect to prescribing authority. Among other requirements, qualifying APNs must complete at least 14 hours of continuing education in pharmacology related to controlled substances (including addiction prevention and management), with a portion of those hours in addition to existing Board of Nursing requirements and must complete at least 10 hours of pharmacology continuing education during each biennial renewal period. APNs in independent practice will also be expressly held to the same standard of care as other independent healthcare practitioners and must maintain malpractice liability coverage (or an equivalent financial assurance mechanism) at levels comparable to licensed physicians.

In addition, the new legislation imposes ongoing professional and regulatory obligations, including notice requirements to the New Jersey Board of Nursing regarding insurance coverage and certain reportable events (such as criminal proceedings, licensure actions, or malpractice claims). APNs must also provide disclosures regarding Medicare participation status, where applicable. Notably, the legislation provides that, to the extent consistent with an APN's scope of practice, any state law requiring a physician's signature or authorization may be satisfied by an APN.

Key Takeaways

This development carries meaningful implications for healthcare providers, private equity sponsors, and management services organizations (MSOs). The removal of joint protocol requirements may alter supervision models, reduce administrative burdens, and create new pathways for APN-led practice structures in primary and behavioral health. At the same time, it may intensify competition and require reevaluation of existing compensation and affiliation arrangements.

In terms of structural and deal implications, healthcare platforms, MSOs, and investors should take steps to reassess supervision models, compensation structures, and growth strategies in light of potential APN-led models.

Finally, from a compliance perspective, stakeholders should not view this change in isolation. New Jersey's Corporate Practice of Medicine doctrine, fee-splitting restrictions, and applicable fraud and abuse laws continue to apply. Additionally, payor credentialing, reimbursement policies, and scope-of-practice guidance will play a critical role in determining how this expanded authority is operationalized in practice.

We will continue to monitor implementation and any additional guidance issued by licensing boards and payors. Please contact the author of this Alert with questions regarding how this legislation may affect your practice structure, compliance obligations, or strategic growth initiatives.

Published Articles (Cont.)

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