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NEW JERSEY EXPANDS INDEPENDENT PRACTICE RIGHTS FOR APNS

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On March 30, 2026, Governor Mikie Sherrill signed [Senate Bill 2296/Assembly Bill 4052](#) into law, eliminating the longstanding “joint protocol” requirement for experienced advanced practice nurses (APNs) providing primary or behavioral health care in New Jersey. The law makes permanent pandemic-era waivers for independent APN practice and removes administrative barriers to expand access to care and address provider shortages, particularly in underserved areas. By advancing APN autonomy, this legislation aligns New Jersey more closely with 27 other states that recognize full APN practice authority.

The statute establishes an experience-based framework for APN practice. Under the enacted law, APNs must complete at least 5,000 hours of licensed clinical practice to qualify for full independent practice without a joint protocol. Once that threshold is met, APNs may practice autonomously and prescribe medications, subject to applicable pharmacology education requirements. APNs who have not yet reached the 5,000-hour threshold must maintain a joint protocol for prescribing purposes only and may satisfy this requirement through collaboration with either a physician or a qualified, experienced APN. The law also clarifies that, where a physician signature is otherwise required, it may be satisfied by a qualified APN acting within the scope of his or her licensure.

Independent practice remains subject to regulatory safeguards, including continuing education requirements, appropriate malpractice coverage and oversight by the New Jersey Board of Nursing. Notably, the law does not create a blanket expansion of practice across all settings or specialties. Certain services outside primary care or behavioral health may still require supervision or additional compliance and providers in specialty settings, including obstetrics and aesthetic or cosmetic services, should evaluate these requirements before assuming eligibility for independent practice.

The law takes effect on the first day of the fourth month following enactment, giving providers time to prepare for compliance. Health systems, group practices and other providers should promptly review APN employment arrangements, supervision structures, credentialing policies and existing joint protocols and update operational documents as needed to reflect expanded authority. Organizations employing less-experienced APNs must ensure appropriate prescribing

protocols remain in place, while payers and managed care organizations should assess whether their contracting, credentialing and reimbursement models align with APNs' expanded independent status.

For more information on this legislation or other health care legal matters, please contact Christina Principe, Esq., at cp@spsk.com.

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