

TO: NJSSA Executive Committee
FROM: AJ Sabath and Lobbying Team
DATE: April 27, 2022

RE: Lobbying Report

2022-2023 Legislative Session:

New Jersey's budget season is well underway, with both Chambers of the Legislature currently conducting hearings on the Fiscal Year 2023 budget. This week, NJ DOH Commissioner Judith Persichilli went before the Assembly Budget Committee to discuss some of the initiatives the DOH wants the next budget to focus on, \$2.4 billion on public health, hospital care, and facilities oversight, \$1 million to expand the midwife workforce (part of First Lady Tammy Murphy's efforts to expand maternal care), and \$1 million for addiction and harm-reduction prevention. A majority of the hearing the Commissioner spent defending the Department's decisions during the COVID-19 pandemic and its oversight of long-term care facilities.

Monday, May 9th the Legislature will reconvene standing committees after taking the month of April to focus on the budget, which will need to be signed into law by Governor Murphy before July 1st to avoid a government shutdown. One major conflict that has arose during the budget process is that the Governor's proposed budget doesn't include providing the Legislature with final say in how the \$3 billion in federal COVID-19 funds will be spent. Previously, lawmakers and the Governor have agreed that the Joint Budget and Oversight Committee would approve of the funds. This issue is likely to be resolved in the budget process.

Update on Access to Care Coalition Efforts:

The Access to Care Coalition has been engaging in numerous efforts to engage with legislative leadership and launch their own campaign against APN independent practice legislation. Below lists a few efforts the Coalition is currently undertaking:

- Meeting with the NJ DOH Commissioner Judith Persichilli in May to discuss the real-time impact of COVID-19 on our specialties and address any misconceptions on how the waiver of joint protocol and physician supervision was utilized in clinical settings. MSNJ and physician specialties will have a representative participating in the meeting.
- Meeting with legislative leadership and members of the Senate and Assembly Health Committees.
- Preparing a "Call to Action" for our collective memberships to reach out to their legislators now that the standing committees are reconvening.
- Putting together a "Fact and Fiction" document to combat the APN white paper we've previously shared with you all. This document will be shared with legislators to bolster

our efforts and showcase how the APNs are misrepresenting how the waiver of joint protocol and physician supervision was utilized during the pandemic.

- Beginning the next phase of the media campaign, which includes buying advertisements and a press release announcing our efforts.

Update on NJSSA's Public Affairs Campaign:

- We're happy to announce that the last few weeks our pollster has been in the field conducting a statewide poll. As previously shared with you all, the polling team drafted a poll questionnaire to gather results that we can present to legislators and utilize to raise awareness with the public. We should be receiving a full analysis on the poll in the next week or so, but below are some of the initial findings we wanted to share with you:
 - Voters are overwhelmingly supportive of NJ's current requirement that CRNAs practicing anesthesia are required to work under the supervision of a licensed anesthesiologist – **87% supported this and 67% strongly supported this** – support was consistent across demographics, geographic area, and ideological subgroups.
 - By a **31-point margin (29% support/ 60% oppose)**, voters oppose legislation that would end the requirement for doctor supervision of CRNAs practicing anesthesia.
 - By every metric, a super-majority of voters want doctors involved in administering their anesthesia:
 - **74%** say outright they want a doctor administering their anesthesia or responding to an anesthesia emergency during surgery while only 4% say they want a nurse.
 - **73%** trust doctors more than nurses to administer anesthesia
 - **71%** think it's important for nurses to administer anesthesia under the supervision of a doctor.
 - **70%** disagree that they would be comfortable knowing a nurse would be administering anesthesia without the supervision of a licensed anesthesiologist.

Staff Changes in the Legislature:

Kevin Drennan, is leaving his role as longtime Senate Executive Director after serving in the role for over a decade. Drennan's departure isn't shocking as it was expected that there would be some staff changes when former Senate President Sweeney lost his re-election bid in 2021. Drennan will remain as a senior advisor to the Senate President in the meantime to assist in the transition. Although he is a longtime ally of NJSSA, his replacement is also a familiar face to our society. Allison Accettola has been in the Senate Majority Office for 7 years, serving as General Counsel and Senate Judiciary Committee Aide. We are meeting with Allison, along with the rest of the Access to Care Coalition, in the coming weeks to introduce her to the priority concerns that we have, particularly APN independent practice legislation. As you may recall, the Senate Executive Director wields significant power in their role as senior advisor to the Senate President

and helps determine which legislation is put on the agenda for Senate committees and voting sessions.

Legislation We're Monitoring:

S1522/A2286 – Eliminates certain practice restrictions for APNs.

- **Status:** Introduced and referred to Assembly/Senate Health Committees
- **Prime Sponsors:**
 - Senate: Senator Joe Vitale
 - Assembly: Assemblywoman Nancy Munoz
- **Description:** This legislation would expand the scope of practice for APNs in and out of the OR by removing joint protocol and physician supervision requirements for APNs with 24 months or 2400 hours of practice. The legislation also changes the definition of collaboration to allow APNs with the required experience to collaborate with another APN, rather than current law requiring physician collaboration. Furthermore, the legislation would eliminate restrictions on prescribing and administering anesthesia for APNs. Changes in legislative leadership in the State and a prolonged Executive Order suspending collaboration and supervision requirements for APNs and PAs has heightened the severity of the issue being pushed forward in 2022-2023 legislative session in NJ.

A223 – “Consumer Access to Health Care Act”; eliminates requirement of joint protocol with physician for advanced practice nurses to prescribe medication.

- **Status:** Introduced and referred to Assembly Health Committee
- **Prime Sponsor:** Assemblywoman Nancy Munoz
- **Description:** This legislation seeks to eliminate joint protocol requirements for APNs to prescribe medication for patients. This bill has been reintroduced every session since 2008 when the NJ State Nurses Association decided to remove joint protocol from APN statutes. As the legislative session ramps up, this legislation is important to highlight because the changes in leadership in the Senate, with the loss of Steve Sweeney as our backstop against scope-related legislation.

A1255/S1794 – “Ensuring Transparency in Prior Authorization Act”

- **Status:** Introduced and referred to Assembly Health Committee and the Senate Commerce Committee
- **Prime Sponsors:** Senator Vin Gopal, Assemblyman Sterley Stanley, and Assemblyman Herb Conaway
- **Description:** This legislation places certain requirements regarding the use of prior authorization of health benefits on carriers and utilization review entities acting on behalf of carriers. The bill requires that a utilization review entity requires prior authorization, that they notify the policyholder within 2 days. The utilization review entity must making the policyholder aware of prior authorization requirement within a business day if it's concerning an urgent care service. In regards to emergency health care services, the bill requires utilization review entities to establish presumption that these services are medically necessary and be approved under certain circumstances. Additionally, the legislation prohibits requiring providers to obtain a waiver, exception,

or override of step therapy protocols or penalizing a provider for recommending prescriptions or treatment conflicting with the step therapy protocol of the carrier.

S1177 – Revises out-of-network arbitration process.

- **Status:** Introduced and referred to Senate Commerce Committee
- **Sponsor:** Senator Joe Lagana
- **Description:** As you may recall we were in favor of clean-up legislation last session that made some technical changes to the out-of-network law. This bill is similar to the previous legislation with some differences in the extensions from the previous bill. This legislation would extend the amount of time providers have to negotiate settlement from 30 to 60 days, extends deadline to reach settlement from 30 days to 90 days, and the difference between the carrier and provider's final offers must be \$1,000 or higher for arbitration to be initiated, unless the bill amount is \$2,500. The sponsor has been having conversations with the Governor's office to ensure this legislation doesn't get caught up in attempts to mirror the federal arbitration law. He has assured the physician community that this legislation won't get caught up in these attempts and will remain strictly clean-up legislation.