active, licensed practice before an APN can practice without a joint protocol. Furthermore, it explicitly narrows this independent authority to specific health conditions and clinical sites, legally dividing our community.

If we allow this fragmentation to persist, primary care APNs who achieved independence will move forward, while colleagues in obstetrics, anesthesia, and acute care will be left behind. When this legislation drew those lines, it tested our unity. If we fail to fight for the autonomy of all specialties, we fail the core tenet of our profession: solidarity.

We must face the political realities in Trenton. Every time we advocate for practice aligned with our education, we encounter heavily funded opposition whose consistent message to lawmakers is that patient safety is at risk—despite mountains of peer-reviewed data proving APN-led care yields exceptional outcomes. When opposition groups lobby, they send a single, unified message. If lawmakers hear conflicting priorities from our various associations, they will use our fragmentation as an excuse for inaction.

When legislators meet a nursing coalition, they shouldn't see just one specialty; they should see a force representing over 140,000 registered nurses and thousands of APNs in New Jersey. That is how we build leverage and command respect. Our unity is also a matter of public health. New Jersey faces a severe provider shortage, skyrocketing costs, an aging population, and a mental health epidemic. Governor Sherrill noted that removing administrative barriers drives down costs and expands access. Independent APNs are the solution to healthcare deserts, opening practices in underserved urban and rural communities and expanding behavioral health access.

Florence Nightingale once wrote, «... unless we are making progress every year, every month, every week, take my word for it we are going back.» We cannot afford to go back. The passage of independent practice legislation in 2026 proved that walls of restriction will crumble if we push hard enough. Today, I challenge the leadership of every nursing organization in New Jersey: put aside organizational silos and establish a permanent, unified Legislative Coalition for New Jersey APNs. Let us meet regularly, draft a singular legislative roadmap, and advocate for each other with one voice. Let us demonstrate the unstoppable power of our collective unity.

This address was delivered to attendees at the Empowering Advanced Practice Nurses in New Jersey Celebration, sponsored by the New Jersey Collaborating Center for Nursing, on June 8, 2026, at the Rutgers Inn and Conference Center. ■

Advocacy on the Balance: Reaffirming Transgender Care in Turbulent Times

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Transgender individuals continue to face disproportionate challenges across health care, employment, military service, and social inclusion. Although legislative and social progress has occurred in select jurisdictions, deeply embedded systemic barriers persist and are intensified by politically charged environments. This reality has produced an unstable and inequitable healthcare landscape in which misinformation, stigma, and targeted political rhetoric contribute to discrimination and marginalization. The politicization of transgender care has created conditions that not only restrict access but also undermine the ethical foundations of healthcare delivery, placing transgender individuals at heightened risk for adverse health outcomes. These dynamics reveal how political discourse can directly shape clinical environments, influencing both patient experiences and provider behavior.

According to a 2022 report by the National Center for Transgender Equality (NCTE) (James, Herman, Durso, & Heng-Lehtinen, 2022), 1.6 million Americans aged 13 and older identify as transgender. The Williams Institute further estimates that approximately 300,000 youth aged 13 to 17 identify as transgender, representing 1.4% of that age group (Herman et al., 2022). The NCTE report found that 30% of transgender individuals were denied health care due to their gender identity, and nearly half avoided seeking care for fear of discrimination (James et al., 2022; Jones-Schenk, 2018). Transgender people of color experience even greater disparities, including higher rates of HIV infection (Alencar et al., 2016), mental health disorders, substance abuse, and suicide attempts (Dowd, 2023). These outcomes reflect the combined impact of inadequate education, structural inequities, and social stigma, underscoring the urgent need for nurses to understand the far-reaching consequences of restricted access to appropriate care. Without deliberate intervention, these disparities will continue to widen, particularly in states where gender-affirming care is increasingly restricted.

In the context of transgender health,

advocacy is not only a professional responsibility but a moral imperative. Guided by the ANA Code of Ethics with Interpretative Statements (2015), nurses are called to uphold justice, eliminate discrimination, and affirm the dignity of every individual (ANA, 2023; ANA, 2022; ANA 2018a; ANA 2018b; ANA 2015; Fowler, 2015; ANA2010). This includes ensuring access to gender-affirming care, addressing systemic inequalities, and actively resisting policies that perpetuate harm. The ANA has a long history of opposing discriminatory legislation. Beginning in 1979, and in 2022 the ANA reaffirmed its stance by publicly denouncing policies that restrict transgender healthcare. This historical trajectory demonstrates that advocacy is central to the profession's commitment to equity, inclusivity, and human rights. Nurses must recognize that neutrality in the face of injustice is incompatible with the ethical obligations of the profession. Advocacy is not optional; it is foundational to nursing's identity.

Reducing health disparities requires embedding transgender health topics into nursing education. Curricula must include content on gender identity, trauma-informed care, and the importance of inclusive language. Competency-based training, simulation exercises, and partnerships with LGBTQ+ organizations can bridge the gap between theory and practice, ensuring nurses are prepared to deliver culturally congruent care. Institutions must also implement policies that affirm gender rights, including gender-neutral restrooms, and the establishment of diversity and inclusion task forces. These organizational commitments signal respect for transgender individuals and create safer environments for both patients and staff.

Nurses should engage in research exploring transgender health outcomes, care barriers, and culturally specific interventions. Evidence-based practice must be informed by the lived experiences of transgender individuals, whose voices are essential to shaping effective and respectful care. Research partnerships with community organizations can strengthen trust and ensure that interventions reflect the realities of transgender people's lives. Furthermore, nurses must advocate for data collection practices that accurately capture gender identity, as the absence of reliable data perpetuates invisibility and limits the ability to address disparities. Improved data collection is essential for understanding trends, allocating resources, and informing policy.

Nurses must participate in policy discussions, report violations, and promote equitable healthcare practices to uphold nondiscriminatory access for all individuals. As legislative efforts increasingly target access to gender-affirming care, the role of nurses as advocates becomes even more critical. Silence in these moments not only contradicts professional ethics but also contributes to the erosion of human rights. Nurses must be prepared to speak out, educate policymakers, and support families navigating hostile environments.

Reaffirming commitment to transgender rights aligns with the fundamental values of the nursing profession. By championing these principles, nurses fulfill their ethical responsibilities and contribute to a broader movement toward inclusivity and justice in healthcare. Social justice requires active resistance to injustice; silence in the face of discrimination is complicity. Nurses must stand firmly in support of transgender individuals rights, recognizing that advocacy is essential to the integrity of the profession and the well-being of the communities it serves. ■

References

Alencar, A.G., De Lima-Garcia, C., Quirino, G., Figuerido, F.W., (2016). Access to health services by lesbians, gay, bisexual and transgender persons: systematic literature review. *BMC International Health and Human Rights 16*(2).

American Nurses Association (2023). Position Statement, *ANA Rejects Laws and Policies that Allow Health Care Professionals to Discriminate Against LGBTQIA+*. ANA Board of Directors. Silver Spring Maryland, May 23

(2022). Position Statement, *American Nurses Association Opposes Restriction on Transgender Healthcare and Criminalizing Gender-Affirming Care*. ANA Board of Directors. Silver Spring Maryland, October 26.

(2018a). Position Statement, *The Nurse's Role in Addressing Discrimination – Protecting and Promoting Inclusive Strategies in Practice Settings, Policy and Advocacy.* ANA Board of Directors. Silver Spring Maryland.

(2018b). Position Statement, *Nursing Advocacy for LGBTQ+ Populations*. ANA Board of Directors. Silver Spring Maryland.

(2015). *Code of Ethics for Nurses with Interpretative Statements*. Silver Springs, Maryland: The Publishing Program of ANA.

(2010). *Nursing's Social Policy Statement: The Essence of the Profession*. Silver Spring, Maryland: ANA.

William Institute. (2019, September 11). Transgender adult who experience discrimination more likely to attempt suicide. UCLA School of Law. Retrieved May 25, 2025 from https://newsroom.ucla.edu/releases/transgender-adults-who-experience-discrimination-more-likely-to-attempt-suicide-report-shows

Fowler, M. (2015). *Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, interpretation, and application.* Silver Spring, Maryland: The Publishing Program of ANA.

James, S.E., Herman, J.L., Durso, L.E., & Heng-Lehtinen (2022). *Early Insight: A Report of the 2022 US Transgender Survey*. Washington DC, February.

Jones-Schenk, J. (2018). Creating LGBTQ Inclusive Care and Work Environments. *The Journal of Continuing Education in Nursing, 49*(4)151-153.

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