Medication Administration

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"Loosen your grip on the medication cart," said my colleague at the Center to Champion Nursing in America at AARP, Patricia A. Polansky, (who was also a former Executive Director of the New Jersey Board of Nursing). Indeed, passing medications is a very small part of being a nurse. When patients cannot self-administer their meds, nurses can delegate this task to certified medication aides. Medication administration by non-nurses is the theme of an updated position statement and three current bills in the NJ Legislature that NJSNA has prioritized.

The Congress on Policy and Practice (COPP) position statement subcommittee recently updated the NJSNA Position Statement "Medication Administration by Certified Medication Aides (CMAs)" (NJSNA, 2026) to include such settings as assisted living residences and programs, and comprehensive personal care homes. Such settings may be extended to nursing homes, if A2207 / S2858 Certified Medication Aide in Nursing Homes Staffing Support Act continues to move forward. A2207 was voted favorably out of the Assembly Aging and Human Services Committee on February 19.

Group homes are another setting where certified medication aides are needed. Most group home residents are unable to take their own medications, and they have depended on untrained staff to give them their pills, with dire consequences. NorthJersey.com (2026) reporters found that medication errors caused injury and death to persons with developmental disabilities residing in group homes [link]. Assembly Bill A4654 would mandate that administration of medications in group home must be provided by certified medication aides, who are indirectly supervised by RNs.

Dialysis centers are another setting addressed in a current bill. Patient care technicians (PCTs) would be allowed to administer saline and heparin to patients undergoing hemodialysis as a provision of A4679 / S3019, which expands the scope of practice for LPNs and PCTs at dialysis centers.

The revised position statement "Medication Administration by Certified Medication Aides" and these three bills remove nurses from the long standing task of passing meds. Of course, registered nurses would still be involved in supervising and educating support staff in medication administration in all settings.

What do you think? The NJSNA Congress on Policy and Practice (COPP) welcomes your comments and ideas for future position statements. Email Jennifer@NJSNA.org with "COPP" in the subject line. ■

References

Balcerzak, A., & Rimbach, J. (2025, May 3). NJ group home residents face neglect, abuse and despair in a flawed system. NorthJersey.com https://www.northjersey.com/story/news/watchdog/2025/05/03/nj-group-home-investigation-adults-with-developmental-disabilities/82240685007/

"Position Statements" New Jersey State Nurses Association https://njsna.org/position-statements/

A Call for Collective Action: The Need for a Unified Nursing Voice in Healthcare Policy

By Angela Starkweather, PhD, ACNP-BC, FAANP, FAAN; Dean, Chief Academic Officer, and Professor, Rutgers School of Nursing

We stand at a monumental crossroads for healthcare delivery in the Garden State. On March 30, 2026, Governor Mikie Sherrill signed S2996/A4052 into law, permanently eliminating the restrictive joint protocol requirement for certain Advanced Practice Nurses (APNs) and embracing an autonomous, experience-based framework. This victory validated that APNs are fully capable, highly trained, and essential to bridging healthcare gaps.

However, our work is just beginning. This bill was not the end of the race, but the start of a new era of advocacy where the single greatest threat to our progress is fragmentation. While S2996/A4052 granted independent practice authority, it did not do so universally. Compromises in the legislative process altered the bill significantly from its original form. Instead of the proposed 2,400-hour threshold, the final law mandated a steep 5,000-hour requirement of

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,