

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, exper-

ience-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