

[MUSIC PLAYING]

**CAROLYN TORRE:** Imagine if you were a nurse practitioner in a college health setting, and you saw someone, you evaluated them. You could clearly see they had pharyngitis, along with an upper respiratory infection. You took a rapid strep test, and the rapid strep test was positive. You knew they had strep throat.

And so what do you have? No prescriptive authority-- what did you have to do? You had to go down the hall and find a physician to write a prescription for you for pen-VK so you could give it to this individual, and then you had to do that 25 times in one day if you happen to have 25 people who needed a prescription.

**BARBARA WRIGHT:** Well, it just expanded. We thought it legalize the practice that was under that nurses were engaged in already. And we were trying to codify that in the law, because we knew how nurses were practicing in the 1970s. And we wanted to be sure that there were no legal challenges to it.

**ANDREA AUGHENBAUGH:** I think that all of us knew that the Board of Nursing language was not going to cover nurse practitioners, especially those of us who were nurse practitioners, that it just didn't say what we were actually doing.

**LUCILLE JOEL:** It soon became obvious that, in order to practice and to serve our clients properly, you had to have prescriptive authority.

**CAROLYN TORRE:** As early as 1975, and continuing into the very early '80s, nurse practitioners began to call the faculty at the PNP program at both Seton Hall University and it Rutgers, and say, we got this call from the Board of Medical Examiners saying you need to cease and desist. And when we said, what do you mean, we would get a letter from the Board of Medical Examiners-- for example, a well-child clinic-- saying, you don't have the authority to do physical examinations of children. And you've got to stop practicing, or we're going to bring you before the Board of Medical Examiners, we're going to cite you, and we're going to take away your license.

**CHRIS REYNOLDS:** What they would do is they'd come in, and they'd observe what nurse practitioners were doing and feel that perhaps it was outside the scope of what they should be

doing. And then they would write a letter to the Board of Medical Examiners saying, can a nurse practitioner insert an IUD? And they would write us up and say, until you hear back from the Board of Medical Examiners, you have to stop doing this procedure. So what happened is that, of course, as the Board of Medical Examiners gets back to you, they decree that it's within the practice of medicine, not nursing.

**LUCILLE JOEL:** Yes, I do remember, and I remember the first nurse who was charged. She still practices in the state, and I can't remember her name either. But she was from the [INAUDIBLE] area. And she fought it legally.

**ANDREA AUGHENBAUGH:** In the late '70s and '80s, in the early '80s, the climate for nurse practitioners was very tentative. And I think they were all very brave to be practicing if they weren't with a group like Planned Parenthood or Well Baby Clinic people, because it was all very new for everybody, and it was-- I think they were heroes, the ones that were practicing then.

**CAROLYN TORRE:** Gayle Pearson, who was my co-faculty and the director of the school nurse practitioner program, was also the president of the New Jersey State Nurses Association. And I shared an office with her, and she kept getting these phone calls from people saying, what are we going to do? We don't know how to handle this.

And she said, well, this is clearly a problem that NJSNA is going to have to address. The executive director of New Jersey State Nurses Association at that time was Bob Piemonte, and he appointed a steering committee on legal issues affecting nursing practice. The goal of the steering committee was to address these issues. And NJSNA actually paid money for a lawyer to be assigned to that committee.

And the lawyer would write letters to the Board of Medical Examiners saying, Board of Medical Examiners has no legal jurisdiction over the practice of nursing. Back off. And every time a letter was sent like that, they did back off. So I became chairperson of the steering committee, and we worked together to respond to these concerns about practice. And that steering committee was very active between 1978 and 1981.

**LUCILLE JOEL:** Degnan was a friend of nursing. I have to say that. But again, many of the politicians we dealt with "liked us," quote, as people, appreciated what we did for the public, but didn't think we could defend ourselves.

**CAROLYN**

**TORRE:**

Lucille Joel was then president of NJSNA, and she succeeded Gayle Pearson. And she and I went together to John Degnan's office to talk about our concerns about these constraints on nurse practitioner practice. I think we captured Degnan's-- Attorney General Degnan's attention when we went to that meeting, and what happened was that he decided he would take it upon himself to solve the problem.

And what he did was he appointed a joint advisory commission between the Board of Medical Examiners and the Board of Nursing, whose role was supposed to be to solve practice questions that emerged from the practice of nurse practitioners and clinical nurse specialists. Then the steering committee began to look seriously at all 50 Nurse Practice Acts to determine whether there was any other than New Jersey that might contain language that we could use for a statute in New Jersey, should we decide to go for statutory change.

And one of the states that I looked at was Washington State. They had a very simple Nurse Practice Act. It was the first Nurse Practice Act in the United States that gave nurse practitioners prescriptive authority. And I thought, if we could just model that simple paragraph, we could do that in New Jersey too. The resolution that was introduced in 1985 at the fall convention of NJSNA was from the Primary Health Care Nurse Practitioner Forum, and it laid out the framework for seeking legislation for prescriptive authority.

**CHRIS**

**REYNOLDS:**

I was part of a group of people who worked on a resolution that we were going to bring to NJSNA, and that work happened probably from 1984 to 1986. And we met repeatedly over that time to come up with a resolution where we were petitioning NJSNA to move forward with legislation that would give some clarity to the titling, because we were all using different titles at that time. And we were also looking for prescriptive authority.

**ANDREA**

**AUGHENBAUGH:**

I remember that the convention and the lobbying that we actually had to do with the members of NJSNA to agree that we should do it-- because there were people that thought we shouldn't do it-- and to agree to then move what we decided into a bill to go before the legislature.

**CAROLYN**

**TORRE:**

Andrea Aughenbaugh, who was then a lobbyist and director of legislative affairs at NJSNA, designated a process committee through the nurse practitioner forum to

frame legislative language. And I chaired the process committee, and a number of other people were on that committee, including Harriet Berliner, who is no longer with us. Harriet Berliner was the vice chair of the forum when the resolution was submitted in the fall of 1985. And another person who was very active-- we will be interviewing this afternoon-- is Chris Reynolds. And she was representing the family planning nurse practitioners.

**ANDREA** I remember meeting with members of NJSNA and using the Washington bill, which is  
**AUGHENBAUGH:** excellent. It would have solved all our problems, if that was the bill we got through. Senator Lipman was chosen because we had originally wanted the president of the Senate to sponsor the bill, thinking he was the most powerful.

He told us no. He would have Senator Lipman do it, because she was the chair of the Appropriations Committee. He was way too busy to do it. And it turns out that she was just perfect for us. She was extremely intelligent, well-educated, absolutely lovely to work with. And she used the power she had to do the best she could for us all along. It was one of the best things that happened to us was Senator Lipman.

**KATHLEEN** My role in choosing Ann Mullen as the sponsor of that first NP/CNS bill, which later  
**MCDONALD:** became the statute, was that she was actually a patient of mine, and I took care of her. And she was very enamored. And she came into the practice and she saw my physician partner initially, and then she actually-- after meeting me the first time, she asked to have her appointment with me every time.

And she would have her appointment and we'd go over things, and then she really knew the role. And so a couple of times after we were done, I would get chit-chatting or she would see things, and she'd say-- she was initially the mayor of Gloucester Township, and then she ran for the assembly, which is where she was when she was co-sponsor of the bill.

And I remember approaching her and she said-- and she felt very passionate about it, because she really appreciated what I did. And she said, no. She said, I will definitely sponsor that bill. I think it's a good cause. And what I would tell her-- some of the conflicts and with collaboration and everything. And we talked about collaboration being conflicts versus rewards and things like that.

**ANDREA** Governor Florio agreed to support the bill because he wanted to have physician assistants legalized in New Jersey. And the Nursing Association had long been opposed to that. He had a aide, Amy Mansue, who very much wanted the bill and was very influential. And it seemed that we would be able to move the governor's office to our side if we would support what they wanted. So it was a very important part of what we were doing.

**CAROLYN TORRE:** I divided the states into districts, and-- using the legislative districts, and assigned a captain in each of the legislative districts. And we had to do it all by phone and by mail, because we had no email. There was no computer system to make it easier for us, so it was labor-intensive. And everybody visited legislators.

**KATHLEEN MCDONALD:** I started to develop the activist thing with the lobbying and everything from South Jersey down, because New Jersey was a very long state, having 21 counties. And I did pretty much-- I kidded would do south of the Mason-Dixon line, because they would say Trenton was the marking there. I don't think it really was, but that's what we used to say. And I would actually, on Saturdays-- again, this physician was very supportive-- I'd have meetings in the waiting room of my office.

**ANDREA** To get a bill passed like that, to give something to the nurses that another important group doesn't want them to have, took a lot of people and a lot of relationships that are hard to even figure out. For instance, I told you Amy Mansue wanted the bill and convinced the governor. My daughter, Amy, was working for the governor's wife at the time. Barbara Wright was mayor of her town. The College of Medicine and Dentistry supported the bill because we supported their bill to get of the physician assistants which they were educating-- get that bill done.

**LUCILLE JOEL:** The stumbling block consistently was the Medical Society of New Jersey that vehemently opposed any practice role for advanced practitioners.

**BARBARA WRIGHT:** So there were some compromises that we made in that, because organized medicine is very strong in New Jersey. And the physicians, to this day, have never changed-- and maybe similar to the AMA. But organized medicine has its perspectives. And so we were really always fighting an uphill battle.

**ANDREA** The way that I handled the issues with other legislators coming in to try to change the bill was to work closely with the sponsors, and the sponsors were not having

that. In the first place, you don't change your sponsor's bill unless you've talk to the sponsor and there's some input. And there was none.

**CAROLYN  
TORRE:**

Well, let me just say that the first bill was introduced-- the first nurse practitioner clinical nurse specialist bill was introduced in 1986, in the fall of 1986. And it went through 11 permutations over successive legislative sessions. And by 1991, we had a bill that said that we would have-- nurse practitioners and clinical nurse specialists would have prescriptive authority for a limited number of medications that fell within their scope of practice.

So by 1991, in July of 1991, it was being heard before the Senate Health Committee. And the bill looked like it would get through the Senate Health Committee. And then a senator, out of the blue, stood up and said that it should be amended and that it should only allow nurse practitioners to prescribe in an inpatient setting, and only under the direct supervision of a physician.

That language exactly mimiced the language of the PA bill. We would not accept that. The sponsors would not accept it. Andrea had to find a way to seek support and compromise. And through many meetings with many different individuals and groups, and with the support of the governor's office, the bill finally came down in 1991, and it passed the Senate.

And when it passed the Senate, the bill specified that nurse practitioners, clinical nurse specialists could prescribe medications only in accordance with a joint protocol with a collaborating physician. However, you have to realize that was the only part of the bill that required we do things in collaboration with the [INAUDIBLE] protocol. Everything else was independent. Anything else we did was just medication prescribing. And the second compromise was that we would not prescribe controlled substances-- so those two compromises.

**INTERVIEWER:** Do you recall the night the bill passed?

**ANDREA**

And it was a very different night, because it was a Friday. And they didn't pass it

**AUGHENBAUGH:** until after midnight, so it was a Saturday that it actually was passed. And it almost didn't get passed because they closed down the voting machine, and we hadn't been called.

And we ran downstairs to try to find out what happened, and one of the other legislators came to find out what we were fussing about. And luckily, we had Barbara Wright with us, who was then-- she wasn't in the assembly yet, but she had won the election, and so they knew her.

And so we got ourselves on the floor, which you're never allowed to do. And the other legislator helped go to the speaker, Joe Doria, and he reopened the machine, and they took one more vote for us. And they were in such a good mood by then, it was just everybody voted for the nurses. That's what they said. And the bill passed. That was like a miracle.

**KATHLEEN  
MCDONALD:**

The New Jersey State Nursing Association-- the final bill or statute had a requirement that one member of the Board of Nursing now be an actively clinically practicing nurse practitioner or clinical nurse specialist. I knew a lot of the players, so I was appointed by Governor Florio to a term on the Board of Nursing, and then all the fun began.

We had to, first of all, write the regulations, but then, at the same time, while we were writing them, and I had to get the other board members who were not nurse practitioners-- some of them were in academia, some of them worked for the Department of Health-- I had to educate them about what the role was and what really needed to be in there. Luckily for me, we had a board president at the time called named Golden Bethune, and she was totally on board.

**CHRIS  
REYNOLDS:**

I was very pleased to be part of the subcommittee that ultimately worked with the Board of Nursing in developing the implementing rules and regulations for this new legislation. I realized that I was going to have to be the spokesperson for the certified-- for the nurse practitioners that had been prepared at a certificate level.

It was a very difficult position for me to be in. I realized that, even in our first meetings with the Board of Nursing, Golden Bethune, who was the executive director of the board, wanted to move ahead with a consensus model. So I realized right away that I was going to be asked to buy into whatever the agreement of the group was.

And as the group started to move towards a master's level a consensus for the standard of practice, I realized I was like the lone voice carrying forward. So I was

very pleased that I felt that my voice could be heard. I could make the argument that this was a workforce that was providing services to 100,000 women in New Jersey at 26 different clinic sites, and what a real impact this would have if these women were no longer allowed to work.

**ANDREA**

The bill that passed on January 11 had an enormous effect on nurse practitioners and clinical nurse specialists. It gave them the kind of authority they needed to be able to practice and work that practice without feeling that they were aliens. They now are official. It was a very good time.

**AUGHENBAUGH:**

[MUSIC PLAYING]