## [First Reprint]

## ASSEMBLY, No. 5527

# STATE OF NEW JERSEY

### 218th LEGISLATURE

INTRODUCED JUNE 6, 2019

Sponsored by:

Assemblyman HERB CONAWAY, JR.

**District 7 (Burlington)** 

Assemblyman P. CHRISTOPHER TULLY

District 38 (Bergen and Passaic)

Assemblywoman LISA SWAIN

**District 38 (Bergen and Passaic)** 

**Senator JOSEPH F. VITALE** 

**District 19 (Middlesex)** 

**Senator TROY SINGLETON** 

**District 7 (Burlington)** 

#### **Co-Sponsored by:**

Assemblywomen Vainieri Huttle, Murphy, Schepisi, Timberlake, McKnight, Assemblyman Houghtaling, Assemblywoman Downey, Senators Codey, Ruiz and Greenstein

#### **SYNOPSIS**

Requires certain long-term care facilities to submit outbreak response plan to DOH.

#### **CURRENT VERSION OF TEXT**

As reported by the Assembly Health and Senior Services Committee on June 6, 2019, with amendments.

(Sponsorship Updated As Of: 6/28/2019)

**AN ACT** concerning certain long-term care facilities and supplementing Title 26 of the Revised Statutes.

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

- 1. a. As used in this section:
- 1"Cohorting" means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.
- "Isolating" means the process of separating sick, contagious persons from those who are not sick.<sup>1</sup>

"Long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

- b. Notwithstanding any provision of law to the contrary, the Department of Health shall require long-term care facilities <sup>1</sup> [that provide care to ventilator-dependent residents] <sup>1</sup> to develop and submit to the department an outbreak response plan within 180 days after the effective date of this act, which plan shall be customized to the facility, based upon national standards and developed in consultation with the facility's infection control committee. At a minimum, each facility's plan shall include, but shall not be limited to:
- (1) a protocol for isolating and cohorting infected and at-risk patients in the event of an outbreak of a <sup>1</sup>[life-threatening,]<sup>1</sup> contagious disease <sup>1</sup>[, or of a similar health emergency at a facility,]<sup>1</sup> until the cessation of the outbreak <sup>1</sup>[or emergency]<sup>1</sup>;
- (2) clear policies for the notification of <sup>1</sup>[patients, patients'] residents, residents' families, <sup>1</sup>visitors, <sup>1</sup> and staff in the event of an outbreak of a <sup>1</sup>[life-threatening,] contagious disease <sup>1</sup>[, or of a similar health emergency] at a facility;
- (3) information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures;
- (4) policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including either employing on a full-time or part-time basis, or contracting with on a consultative basis:
- (a) an individual certified by the <sup>1</sup>[National Board of Infection Control in infection prevention and control] Certification Board of Infection Control and Epidemiology<sup>1</sup>; and

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

(b) a physician who has completed an infectious disease fellowship;

- (5) policies to conduct routine <sup>1</sup>[surveillance on] monitoring of <sup>1</sup> residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and
- (6) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.
- c. Each long term care facility shall notify the department <sup>1</sup>[,]<sup>1</sup> on an annual basis <sup>1</sup>[unless otherwise required by the department,] thereafter of any material changes or updates to its outbreak response plan. <sup>1</sup>The department shall, within 180 days of the submission of the outbreak plan, review the plan and ensure that all criteria are satisfied as set forth in this act. <sup>1</sup>
- d. The Department of Health shall develop and implement procedures as are necessary for the submission of the long-term care facility outbreak response plans required pursuant to this section.
- <sup>1</sup>**[**e. Notwithstanding any provision of law to the contrary, the Department of Health shall, no later than 180 days after the submission of the outbreak response plan pursuant to subsection b. of this section, issue a certificate of need to a long-term care facility which the department determines is in need of a physical expansion of its facilities to permit the long-term care facility to execute the outbreak response plan submitted pursuant to subsection b. of this section.
- f. Notwithstanding any provision of law to the contrary, following the Department of Health's initial issuance of certificates of need pursuant to this section, the department shall triennially assess the State's need for additional space in long-term care facilities and issue certificates of need to facilities in need of physical expansion to permit long-term care facilities to execute an outbreak response plan submitted pursuant to this section. 1
- <sup>1</sup>**[**g.**]** <u>e.</u><sup>1</sup> (1) The Department of Health shall require a long-term care facility <sup>1</sup>**[**, which provides care to ventilator-dependent residents, **]**<sup>1</sup> to assign to the facility's infection control committee <sup>1</sup>, on a full-time or part-time basis, or on a consultative basis <sup>1</sup>:
- (a) an <sup>1</sup>[employee] <u>individual</u> who is a physician that has completed an infectious disease fellowship; <sup>1</sup>and <sup>1</sup>
- (b) '[and]' an '[employee] <u>individual</u>' designated as the infection control coordinator, who has education, training, completed course work, or experience in infection control or epidemiology, including certification in infection control by the '[National Board of Infection Control] Certification Board of Infection Control and Epidemiology'. The infection control committee shall meet on 'at least' a quarterly basis and both

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<sup>1</sup> [employees] <u>individuals</u> assigned to the committee pursuant to this subsection shall attend at least half of the meetings held by the infection control committee.

<sup>1</sup>[h.] <u>f.</u> <sup>1</sup> If necessary, the Department of Health is authorized to <sup>1</sup>[temporality] <u>temporarily</u> remove licensing requirements to permit long-term care facilities to utilize ancillary space, such as space normally reserved for dining or staff purposes, to assist in the effort to cohort residents in the event of an outbreak.

2. The Department of Health shall implement the provisions of this act, and pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules or regulations as are necessary to effectuate the provisions of this act.

3. This act shall take effect immediately.