

[First Reprint]

SENATE, No. 3900

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED JUNE 6, 2019

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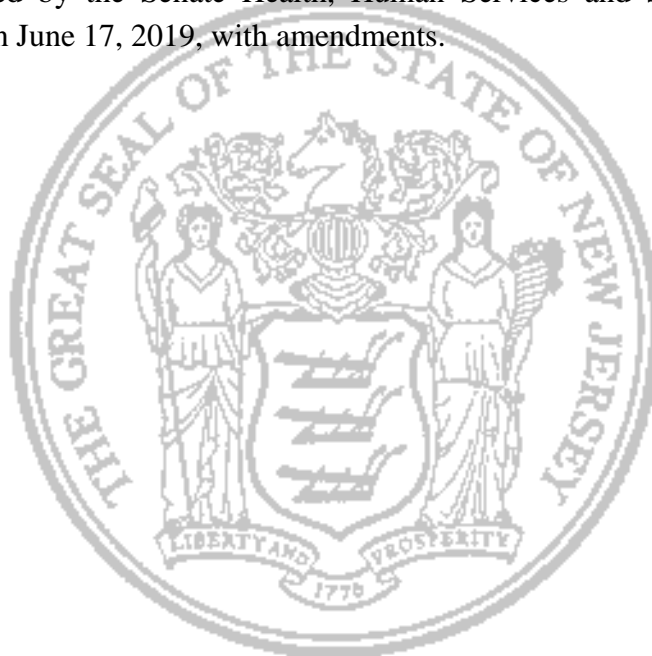
Senators Codey, Ruiz and Greenstein

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on June 17, 2019, with amendments.



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

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

3

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

6

7 1. a. As used in this section:

8 ¹“Cohorting” means the practice of grouping patients who are or
9 are not colonized or infected with the same organism to confine
10 their care to one area and prevent contact with other patients.

11 “Department” means the Department of Health.

12 “Endemic level” means the usual level of given disease in a
13 geographic area.

14 “Isolating” means the process of separating sick, contagious
15 persons from those who are not sick.¹

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

20 ¹“Long-term care facility that provides care to ventilator-
21 dependent residents” means a long-term care facility that has been
22 licensed to provide beds for ventilator care.

23 “Outbreak” means any unusual occurrence of disease or any
24 disease above background or endemic levels.¹

25 b. Notwithstanding any provision of law to the contrary, the
26 ¹**[Department of Health]** department¹ shall require long-term care
27 facilities ¹**[that provide care to ventilator-dependent residents]**¹ to
28 develop ¹**[and submit to the department]**¹ an outbreak response
29 plan within 180 days after the effective date of this act, which plan
30 shall be customized to the facility, based upon national standards
31 and developed in consultation with the facility’s infection control
32 committee ¹, if the facility has established an infection control
33 committee¹ . At a minimum, each facility’s plan shall include, but
34 shall not be limited to:

35 (1) a protocol for isolating and cohorting infected and at-risk
36 patients in the event of an outbreak of a ¹**[life-threatening,]**¹
37 contagious disease ¹**[,** or of a similar health emergency at a
38 facility,¹ until the cessation of the outbreak ¹**[or emergency]**¹;

39 (2) clear policies for the notification of ¹**[patients, patients’]**
40 residents, residents¹ families, ¹visitors,¹ and staff in the event of an
41 outbreak of a ¹**[life-threatening,]**¹ contagious disease¹**[,** or of a
42 similar health emergency¹ at a facility;

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted June 17, 2019.

- 1 (3) information on the availability of laboratory testing,
2 protocols for assessing whether facility visitors are ill, protocols to
3 require ill staff to not present at the facility for work duties, and
4 processes for implementing evidence-based outbreak response
5 measures;
- 6 (4) ¹ policies to meet staffing, training, and facility demands
7 during an infectious disease outbreak to successfully implement the
8 outbreak response plan, including either employing on a full-time or
9 part-time basis, or contracting with on a consultative basis:
- 10 (a) an individual certified by the National Board of Infection
11 Control in infection prevention and control; and
- 12 (b) a physician who has completed an infectious disease
13 fellowship;
- 14 (5) ¹ policies to conduct routine ¹ surveillance on monitoring
15 of residents and staff to quickly identify signs of a communicable
16 disease that could develop into an outbreak; and
- 17 ¹ (6) (5) ¹ policies for reporting outbreaks to public health
18 officials in accordance with applicable laws and regulations.
- 19 c. ¹ Each long term care facility shall notify the department,
20 on an annual basis unless otherwise required by the department, of
21 any material changes or updates to its outbreak response plan
- 22 (1) In addition to the requirements set forth in subsection b. of
23 this section, the department shall require long-term care facilities
24 that provide care to ventilator-dependent residents to include in the
25 facility's outbreak response plan written policies to meet staffing,
26 training, and facility demands during an infectious disease outbreak
27 to successfully implement the outbreak response plan, including
28 either employing on a full-time or part-time basis, or contracting
29 with on an consultative basis, the following individuals:
- 30 (a) an individual certified by the Certification Board of
31 Infection Control and Epidemiology; and
- 32 (b) a physician who has completed an infectious disease
33 fellowship.
- 34 (2) Each long-term care facility that provides care to ventilator-
35 dependent residents shall submit to the department the facility's
36 outbreak response plan within 180 days after the effective date of
37 this act.
- 38 (3) The department shall verify that the outbreak response plans
39 submitted by long-term care facilities that provide care to
40 ventilator-dependent residents are compliance with the requirements
41 of subsection b. of this section and with the requirements of
42 paragraph (1) of this subsection¹ .
- 43 d. ¹ The Department of Health shall develop and implement
44 procedures as are necessary for the submission of the long-term
45 care facility outbreak response plans required pursuant to this
46 section.

1 e. Notwithstanding any provision of law to the contrary, the
2 Department of Health shall, no later than 180 days after the
3 submission of the outbreak response plan pursuant to subsection b.
4 of this section, issue a certificate of need to a long-term care facility
5 which the department determines is in need of a physical expansion
6 of its facilities to permit the long-term care facility to execute the
7 outbreak response plan submitted pursuant to subsection b. of this
8 section.

9 f. Notwithstanding any provision of law to the contrary,
10 following the Department of Health's initial issuance of certificates
11 of need pursuant to this section, the department shall triennially
12 assess the State's need for additional space in long-term care
13 facilities and issue certificates of need to facilities in need of
14 physical expansion to permit long-term care facilities to execute an
15 outbreak response plan submitted pursuant to this section.

16 g. (1) Each long-term care facility that submits an outbreak
17 response plan to the department pursuant to subsection c. of this
18 section shall review the plan on an annual basis.

19 (2) If a long-term care facility that provides care to ventilator-
20 dependent residents makes any material changes to its outbreak
21 response plan, the facility shall, within 30 days after completing the
22 material change, submit to the department an updated outbreak
23 response plan. The department shall, upon receiving an updated
24 outbreak response plan, verify that the plan is compliant with the
25 requirements of subsections b. and c. of this section.

26 e.¹ (1) The ¹~~Department of Health~~ department¹ shall require a
27 long-term care facility ¹~~], which~~ that¹ provides care to ventilator-
28 dependent residents ¹~~],~~¹ to assign to the facility's infection control
29 committee ¹, on a full-time or part-time basis, or on a consultative
30 basis¹:

31 (a) an ¹~~employee~~ individual¹ who is a physician ¹~~that~~ who¹
32 has completed an infectious disease fellowship; ¹~~and~~¹

33 (b) ¹~~and~~¹ an ¹~~employee~~ individual¹ designated as the
34 infection control coordinator, who has education, training,
35 completed course work, or experience in infection control or
36 epidemiology, including certification in infection control by the
37 ¹~~National Board of Infection Control~~ Certification Board of
38 Infection Control and Epidemiology¹. The infection control
39 committee shall meet on ¹~~at least~~¹ a quarterly basis and both
40 ¹~~employees~~ individuals¹ assigned to the committee pursuant to
41 this subsection shall attend at least half of the meetings held by the
42 infection control committee.

43 ¹~~h.~~ If necessary, the Department of Health is authorized to
44 temporally remove licensing requirements to permit long-term care
45 facilities to utilize ancillary space, such as space normally reserved

1 for dining or staff purposes, to assist in the effort to cohort residents
2 in the event of an outbreak. **】**¹

3

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

8

9 3. This act shall take effect immediately.