

ASSEMBLY, No. 4430

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JULY 20, 2020

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman ANGELA V. MCKNIGHT

District 31 (Hudson)

Co-Sponsored by:

**Assemblyman Benson, Assemblywoman Downey, Assemblymen Caputo,
Giblin and Assemblywoman Speight**

SYNOPSIS

Establishes uniform requirements on submission of outbreak response plans to DOH by long-term care facilities.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/19/2020)

1 AN ACT concerning long-term care facilities and amending
2 P.L.2019, c.243.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. Section 1 of P.L.2019, c.243 (C.26:2H-12.87) is amended to
8 read as follows:

9 1. a. As used in this section:

10 "Cohorting" means the practice of grouping patients who are or
11 are not colonized or infected with the same organism to confine
12 their care to one area and prevent contact with other patients.

13 "Department" means the Department of Health.

14 "Endemic level" means the usual level of given disease in a
15 geographic area.

16 "Isolating" means the process of separating sick, contagious
17 persons from those who are not sick.

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

22 **["Long-term care facility that provides care to ventilator-**
23 **dependent residents"** means a long-term care facility that has been
24 licensed to provide beds for ventilator care. **】**

25 "Outbreak" means any unusual occurrence of disease or any
26 disease above background or endemic levels.

27 b. Notwithstanding any provision of law to the contrary, as a
28 condition of licensure, the department shall require long-term care
29 facilities to develop an outbreak response plan within 180 days after
30 the effective date of this act, which plan shall be customized to the
31 facility, based upon national standards and developed in
32 consultation with the facility's infection control committee, if the
33 facility has established an infection control **【committee2】**
34 committee. At a minimum, each facility's plan shall include, but
35 shall not be limited to:

36 (1) a protocol for isolating and cohorting infected and at-risk
37 patients in the event of an outbreak of a contagious disease until the
38 cessation of the outbreak;

39 (2) clear policies for the notification of residents, residents'
40 families, visitors, and staff in the event of an outbreak of a
41 contagious disease at a facility;

42 (3) information on the availability of laboratory testing,
43 protocols for assessing whether facility visitors are ill, protocols to
44 require ill staff to not present at the facility for work duties, 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.**

Matter underlined thus is new matter.

1 processes for implementing evidence-based outbreak response
2 measures;

3 (4) policies to conduct routine monitoring of residents and staff
4 to quickly identify signs of a communicable disease that could
5 develop into an outbreak; and

6 (5) policies for reporting outbreaks to public health officials in
7 accordance with applicable laws and regulations.

8 c. (1) In addition to the requirements set forth in subsection b.
9 of this section, the department shall require long-term care facilities
10 **【that provide care to ventilator-dependent residents】** to include in
11 the facility's outbreak response plan written policies to meet
12 staffing, training, and facility demands during an infectious disease
13 outbreak to successfully implement the outbreak response plan,
14 including either employing on a full-time or part-time basis, or
15 contracting with on a consultative basis, the following individuals:

16 (a) an individual certified by the Certification Board of
17 Infection Control and Epidemiology; and

18 (b) a physician who has completed an infectious disease
19 fellowship.

20 (2) Each long-term care facility **【that provides care to**
21 **ventilator-dependent residents】** shall submit to the department the
22 facility's outbreak response plan within 180 days after the effective
23 date of this act.

24 (3) The department shall verify that the outbreak response plans
25 submitted by long-term care facilities **【that provide care to**
26 **ventilator-dependent residents】** are in compliance with the
27 requirements of subsection b. of this section and with the
28 requirements of paragraph (1) of this subsection.

29 d. (1) Each long-term care facility that submits an outbreak
30 response plan to the department pursuant to subsection c. of this
31 section shall review the plan on an annual basis.

32 (2) If a long-term care facility **【that provides care to ventilator-**
33 **dependent residents】** makes any material changes to its outbreak
34 response plan, the facility shall, within 30 days after completing the
35 material change, submit to the department an updated outbreak
36 response plan. The department shall, upon receiving an updated
37 outbreak response plan, verify that the plan is compliant with the
38 requirements of subsections b. and c. of this section.

39 e. (1) The department shall require a long-term care facility
40 **【that provides care to ventilator-dependent residents】** to assign to
41 the facility's infection control committee on a full-time or part-time
42 basis, or on a consultative basis:

43 (a) **【an who is】** a physician who has completed an infectious
44 disease fellowship; and

45 (b) an individual designated as the infection **【control**
46 **coordinator,】** preventionist who has **【education, training, completed**
47 **course work, or experience in infection control or】** primary
48 professional training in medicine, nursing, medical technology,

1 microbiology, epidemiology, [including] or a related field, is
2 qualified by education, training, experience, or certification in
3 infection control by the Certification Board of Infection Control and
4 Epidemiology , and has completed specialized training in infection
5 prevention and control. The infection control committee shall meet
6 on at least a quarterly basis and both individuals assigned to the
7 committee pursuant to this subsection shall attend at least half of
8 the meetings held by the infection control committee.

9 f. (1) An infection preventionist assigned to a long-term care
10 facility's infection control committee pursuant to subsection e. of
11 this section shall be a managerial employee and shall be employed
12 at least part-time at a long-term care facility with a licensed bed
13 capacity equal to 100 beds or less or full-time at a long-term care
14 facility with a licensed bed capacity equal to 101 beds or more. The
15 infection preventionist shall report directly to the chief executive
16 officer and the board of the long-term care facility, as applicable,
17 and shall provide the chief executive officer and board, as
18 applicable, quarterly reports detailing the effectiveness of the long-
19 term care facility's infection prevention policies.

20 (2) The infection preventionist shall be responsible for:

21 (a) developing policies, procedures, and a training curriculum
22 for long-term care facility staff based on best practices and clinical
23 expertise; and

24 (b) monitoring the implementation of infection prevention
25 policies and instituting disciplinary measures for staff who routinely
26 violate those policies.

27 g. A long-term care facility, which develops an outbreak
28 response plan pursuant to this section, shall publish the plan on its
29 Internet website.

30 h. A long-term care facility, which develops an outbreak
31 response plan pursuant to this section, shall annually perform
32 preparedness drills to evaluate the effectiveness of its outbreak
33 response plan.

34 (cf: P.L.2019, c.243, s.1)

35
36 2. This act shall take effect immediately.
37
38

39 STATEMENT

40
41 This bill establishes uniform requirements on the submission of
42 outbreak response plans to the Department of Health (DOH) by
43 long-term care facilities.

44 P.L.2019, c.243 applied additional requirements on long-term
45 care facilities with ventilator dependent patients regarding the
46 submission of outbreak response plans. This bill amends P.L.2019,
47 c.243 to apply the additional requirements to all long-term care
48 facilities, irrespective of whether the long-term care facilities treat
49 ventilator dependent patients. In addition, this bill requires the

1 DOH to approve submitted plans and provides that the submission
2 of the plans is to be a condition of licensure. P.L.2019, c.243 only
3 required the DOH to verify submitted plans.

4 Under the bill, the DOH is to require long-term care facilities to
5 include in the facility's outbreak response plan written policies to
6 meet staffing, training, and facility demands during an infectious
7 disease outbreak to successfully implement the outbreak response
8 plan, including either employing on a full-time or part-time basis, or
9 contracting with on a consultative basis, the following individuals:
10 an individual certified by the Certification Board of Infection
11 Control and Epidemiology; and a physician who has completed an
12 infectious disease fellowship. Each long-term care facility is to
13 submit to the DOH the facility's outbreak response plan within 180
14 days after the effective date of this bill.

15 The bill provides that the DOH is to verify that the outbreak
16 response plans submitted by long-term care facilities are in
17 compliance with the bill's requirements. If a long-term care facility
18 makes any material changes to its outbreak response plan, the
19 facility is to, within 30 days after completing the material change,
20 submit to the DOH an updated outbreak response plan. The DOH is
21 to, upon receiving an updated outbreak response plan, verify that
22 the plan is compliant with the bill's requirements.

23 Further, the DOH is to require a long-term care facility to assign
24 to the facility's infection control committee on a full-time or part-
25 time basis, or on a consultative basis: a physician who has
26 completed an infectious disease fellowship; and an individual
27 designated as the infection preventionist, as provided for in the bill.

28 Under the bill, an infection preventionist assigned to a long-term
29 care facility's infection control committee is to be a managerial
30 employee and is to be employed at least part-time at a long-term
31 care facility with a licensed bed capacity equal to 100 beds or less
32 or full-time at a long-term care facility with a licensed bed capacity
33 equal to 101 beds or more. The infection preventionist is to report
34 directly to the chief executive officer and the board of the long-term
35 care facility, as applicable, and is to provide the chief executive
36 officer and board, as applicable, quarterly reports detailing the
37 effectiveness of the long-term care facility's infection prevention
38 policies.

39 The infection preventionist is to be responsible for: developing
40 policies, procedures, and a training curriculum for long-term care
41 facility staff based on best practices and clinical expertise; and
42 monitoring the implementation of infection prevention policies and
43 instituting disciplinary measures for staff who routinely violate
44 those policies.

45 The bill provides that a long-term care facility is to publish its
46 outbreak response on its Internet website and annually perform
47 preparedness drills to evaluate the effectiveness of its outbreak
48 response plan.