Sponsored by:
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SYNOPSIS
Establishes New Jersey Task Force on Long-Term Care Quality and Safety.

CURRENT VERSION OF TEXT
As introduced.
AN ACT establishing the New Jersey Task Force on Long-Term Care Quality and Safety.

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

1. a. There is established the New Jersey Task Force on Long-Term Care Quality and Safety, which shall be tasked with developing recommendations to make changes to the long-term system of care to drive improvements in person-centered care, resident and staff safety, improvements in quality of care and services, workforce engagement and sustainability, and any other appropriate aspects of the long-term system of care in New Jersey as the task force elects to review. The task force shall specifically focus on:
   (1) developing factors to optimize the balance of services and supports;
   (2) expanding home and community-based services;
   (3) nursing home reforms, including implementing new care models, optimizing nursing home size and configurations to foster resident wellness and infection control, increasing clinical presence in nursing homes, and identifying appropriate nursing home staffing levels and ratios based on resident acuity and special population needs; and
   (4) broader reforms to the long-term system of care, including developing technology requirements to enable enhanced use of telemedicine and telehealth, instituting workforce engagement and advancement models including career laddering options and structures, increasing the use of Medicaid managed care to drive improvements in quality and oversight of nursing homes, and establishing acuity adjustments for Medicaid managed care payments to nursing homes.

b. The task force shall comprise 21 members as follows:
   (1) the Commissioner of Health, the Commissioner of Human Services, and the New Jersey Long-Term Care Ombudsman, or their designees, who shall serve ex officio;
   (2) Six public members to be appointed by the Governor, which public members shall include at least one member representing each of the following: a non-profit nursing home; a for-profit long-term care facility; a nurse with significant experience in long-term care; a consumer rights advocate with experience or background related to long-term care; an expert on aging policy; and a Medicaid managed care organization;
   (3) Six public members to be appointed by the Senate President, which public members shall include at least one member representing each of the following: a for-profit nursing home; a medical director for a non-profit nursing home; a certified nurse
assistant; an advocate for worker safety in long-term care facilities; an expert on disability policy; and a resident of a nursing home or a long-term care facility; and

(4) Six public members to be appointed by the Speaker of the General Assembly, which public members shall include at least one member representing each of the following: a non-profit long-term care facility; a medical director for a for-profit nursing home; a resident rights advocate; an expert on long-term care policy; an expert on infection control and prevention; and a family member of a resident of a nursing home or a long-term care facility.

c. The members of the task force shall be appointed, and the task force shall organize, no later than 45 days after the effective date of P.L. , c. (C. ) (pending before the Legislature as this bill). The members shall select a chairperson and a vice-chairperson from among the public members. The chairperson may appoint a secretary to the task force, who need not be a member of the task force. The task force shall meet at the call of the chairperson.

d. Members of the task force shall serve without compensation, but shall be reimbursed for necessary expenditures incurred in the performance of their duties as members of the task force, within the limits of funds appropriated or otherwise made available to the task force for its purposes.

e. The Department of Health shall provide administrative and staff support to the task force. The task force shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes.

f. No later than one year after its organization, the task force shall prepare and submit a report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, concerning its recommendations developed pursuant to this section. The task force shall dissolve 30 days following the date on which it submits its report under this subsection.

2. This act shall take effect immediately and shall expire 30 days after the date the task force submits its report pursuant to subsection f. of section 1 of this act.

STATEMENT

This bill establishes the New Jersey Task Force on Long-Term Care Quality and Safety, which will be tasked with developing recommendations to make changes to the long-term system of care to drive improvements in person-centered care, resident and staff
safety, improvements in quality of care and services, workforce engagement and sustainability, and any other appropriate aspects of the long-term system of care in New Jersey as the task force elects to review.

Specifically, the task force is to focus on: developing factors to optimize the balance of services and supports; expanding home and community-based services; nursing home reforms, including new care models, optimizing nursing home size and configurations to foster resident wellness and infection control, increasing clinical presence in nursing homes, and identifying appropriate nursing home staffing levels and ratios based on resident acuity and special population needs; and broader reforms to the long-term system of care, including developing technology requirements to enable enhanced use of telemedicine and telehealth, establishing workforce engagement and advancement models, including career laddering options and structures, increasing the use of Medicaid managed care to drive improvements in quality and oversight of nursing homes, and establishing acuity adjustments for Medicaid managed care payments to nursing homes.

The task force will comprise 21 members, including the Commissioner of Health, the Commissioner of Human Services, and the New Jersey Long-Term Care Ombudsman, or their designees, who will serve ex officio, and 18 public members representing various facets of the nursing home industry, with six each to be appointed by the Governor, the Senate President, and the Speaker of the General Assembly. The members of the task force are to be appointed, and the task force is to organize, no later than 45 days after the effective date of the bill. The members will select a chairperson and a vice-chairperson from among the public members. The chairperson may appoint a secretary to the task force, who need not be a member of the task force. The task force will meet at the call of the chairperson.

Members of the task force will serve without compensation, but may be reimbursed for necessary expenditures incurred in the performance of their duties as members of the task force, within the limits of funds appropriated or otherwise made available to the task force for its purposes.

The Department of Health will provide administrative and staff support to the task force. The task force will be entitled to call on its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes.

No later than one year after its organization, the task force will be required to prepare and submit a report to the Governor and to the Legislature concerning its recommendations. The task force will dissolve, and the bill will expire, 30 days following the date on which the task force submits its report.