

[First Reprint]

**SENATE, No. 2798**

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**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

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INTRODUCED AUGUST 3, 2020

**Sponsored by:**

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**District 19 (Middlesex)**

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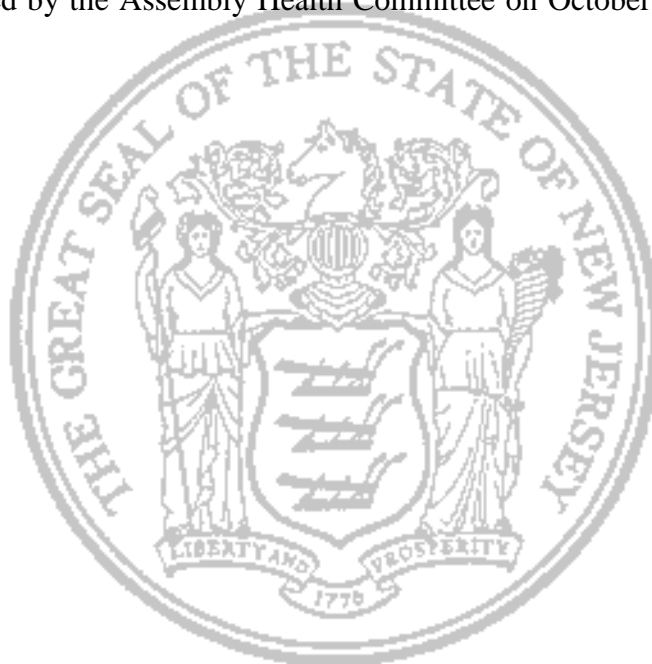
**Senators Pou and Greenstein**

**SYNOPSIS**

Revises requirements for long-term care facilities to establish outbreak response plans.

**CURRENT VERSION OF TEXT**

As reported by the Assembly Health Committee on October 22, 2020, with amendments.



**(Sponsorship Updated As Of: 8/27/2020)**

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 are  
11 not colonized or infected with the same organism to confine their care  
12 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 care  
20 facility, or dementia care home licensed pursuant to P.L.1971, c.136  
21 (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 consultation  
32 with the facility's infection <sup>1</sup>prevention and<sup>1</sup> control committee, if the  
33 facility has established an infection <sup>1</sup>prevention and<sup>1</sup> control  
34 **【committee2】** committee. At a minimum, each facility's plan shall  
35 include, but 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 contagious  
41 disease at a facility;

42 (3) information on the availability of laboratory testing, protocols  
43 for assessing whether facility visitors are ill, protocols to require ill

**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:

<sup>1</sup>Assembly AHE committee amendments adopted October 22, 2020.

1 staff to not present at the facility for work duties, and processes for  
2 implementing evidence-based outbreak response measures;

3 (4) policies to conduct routine monitoring of residents and staff to  
4 quickly identify signs of a communicable disease that could develop  
5 into an outbreak; <sup>1</sup>**and**<sup>1</sup>

6 (5) policies for reporting outbreaks to public health officials in  
7 accordance with applicable laws and regulations <sup>1</sup>; and

8 (6) a documented strategy for securing more staff in the event of  
9 an outbreak of infectious disease among staff or another emergent or  
10 non-emergent situation affecting staffing levels at the facility during  
11 an outbreak of an infectious disease<sup>1</sup> .

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

20 (a) an individual <sup>1</sup>**certified by the Certification Board of Infection**  
21 **Control and Epidemiology** who meets the requirements of  
22 subparagraph (b) of paragraph (1) of subsection e. of this section, who  
23 shall be employed:

24 (i) at least part time in the case of a long-term care facility with a  
25 licensed bed capacity equal to 100 or fewer beds; and

26 (ii) on a full-time basis in the case of a long-term care facility with  
27 a licensed bed capacity equal to more than 100 beds or that provides  
28 on-site hemodialysis services<sup>1</sup> ; and

29 (b) a physician who <sup>1</sup>**has completed an infectious disease**  
30 **fellowship** meets the requirements of subparagraph (a) of paragraph  
31 (1) of subsection e. of this section, who may be employed on a full-  
32 time or part-time basis or contracted with on a consultative basis<sup>1</sup> .

33 (2) Each <sup>1</sup>**long-term care facility** nursing home that has not  
34 previously submitted an outbreak response plan to the department<sup>1</sup>  
35 **that provides care to ventilator-dependent residents** shall submit <sup>1</sup>an  
36 outbreak response plan<sup>1</sup> to the department <sup>1</sup>**the facility's outbreak**  
37 **response plan within 180 days after the effective date of this act** for  
38 verification as provided in paragraph (3) of this subsection<sup>1</sup> .

39 (3) The department shall verify that the outbreak response plans  
40 submitted by <sup>1</sup>**long-term care facilities** nursing homes<sup>1</sup> **that**  
41 **provide care to ventilator-dependent residents** are in compliance with  
42 the requirements of subsection b. of this section and with the  
43 requirements of paragraph (1) of this subsection.

44 <sup>1</sup>(4) The department shall have the authority to require any long-  
45 term care facility to revise its outbreak response plan as needed to  
46 come into compliance with the requirements of subsection b. of this  
47 section and the requirements of paragraph (1) of this subsection. The

1 department may assess civil penalties or take other administrative  
2 actions against a facility in the event the department determines the  
3 facility is not in compliance with the requirements of this section.<sup>1</sup>

4 d. (1) Each long-term care facility <sup>1</sup>that submits an outbreak  
5 response plan to the department pursuant to subsection c. of this  
6 section<sup>1</sup> shall review <sup>1</sup>the its outbreak response<sup>1</sup> plan on an annual  
7 basis.

8 (2) If a <sup>1</sup>long-term care facility nursing home<sup>1</sup> that provides  
9 care to ventilator-dependent residents makes any material changes to  
10 its outbreak response plan, the <sup>1</sup>facility nursing home<sup>1</sup> shall, within  
11 30 days after completing the material change, submit to the department  
12 an updated outbreak response plan. The department shall, upon  
13 receiving an updated outbreak response plan, verify that the plan is  
14 compliant with the requirements of subsections b. and c. of this  
15 section.

16 e. (1) The department shall require a long-term care facility that  
17 provides care to ventilator-dependent residents to assign to the  
18 facility's infection <sup>1</sup>prevention and<sup>1</sup> control committee <sup>1</sup>on a full-time  
19 or part-time basis, or on a consultative basis<sup>1</sup> :

20 (a) an who is a physician who has completed an infectious  
21 disease fellowship; and

22 (b) an individual designated as the infection control  
23 coordinator, preventionist who has education, training, completed  
24 course work, or experience in infection control or primary  
25 professional training in medicine, nursing, medical technology,  
26 microbiology, epidemiology, including or a related field, is qualified  
27 by education, training, and at least five years of infection control<sup>1</sup>  
28 experience, or certification in infection control by the Certification  
29 Board of Infection Control and Epidemiology, and has completed  
30 specialized training in infection prevention and control.

31 <sup>1</sup>(2)<sup>1</sup> The infection <sup>1</sup>prevention and<sup>1</sup> control committee shall meet  
32 on at least a quarterly basis <sup>1</sup>and both individuals . The physician<sup>1</sup>  
33 assigned to the committee pursuant to this subsection shall attend at  
34 least half of the meetings held by the infection <sup>1</sup>prevention and<sup>1</sup>  
35 control committee <sup>1</sup>, and the infection preventionist assigned to the  
36 committee pursuant to this subsection shall attend all of the meetings  
37 held by the infection prevention and control committee<sup>1</sup> .

38 f. (1) An infection preventionist assigned to a long-term care  
39 facility's infection <sup>1</sup>prevention and<sup>1</sup> control committee pursuant to  
40 subsection e. of this section shall be a managerial employee <sup>1</sup>and  
41 shall be employed at least part-time at a long-term care facility with a  
42 licensed bed capacity equal to 100 beds or less or full-time at a long-  
43 term care facility with a licensed bed capacity equal to 101 beds or  
44 more<sup>1</sup> . The infection preventionist shall report directly to the  
45 <sup>1</sup>chief executive officer and the board administrator<sup>1</sup> of the long-  
46 term care facility <sup>1</sup>, as applicable,<sup>1</sup> and shall provide the <sup>1</sup>chief

1 executive officer and board, as applicable,] administrator<sup>1</sup> quarterly  
2 reports detailing the effectiveness of the long-term care facility's  
3 infection prevention policies.

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

5 (a) <sup>1</sup>['developing'] contributing to the development of<sup>1</sup> policies,  
6 procedures, and a training curriculum for long-term care facility staff  
7 based on best practices and clinical expertise; <sup>1</sup>['and']<sup>1</sup>

8 (b) monitoring the implementation of infection prevention <sup>1</sup>and  
9 control<sup>1</sup> policies and <sup>1</sup>['instituting'] recommending<sup>1</sup> disciplinary  
10 measures for staff who routinely violate those policies <sup>1</sup>; and

11 (c) assessing the facility's infection prevention and control  
12 program by conducting internal quality improvement audits<sup>1</sup> .

13 g. <sup>1</sup>['A'] Each<sup>1</sup> long-term care facility <sup>1</sup>['], which develops an  
14 outbreak response plan pursuant to this section,]<sup>1</sup> shall publish the  
15 <sup>1</sup>facility's outbreak response<sup>1</sup> plan on its Internet website <sup>1</sup>, distribute  
16 copies of the plan to residents and their families upon admission to the  
17 facility, and provide notice to residents and their families any time the  
18 facility makes material changes to its plan<sup>1</sup> .

19 h. <sup>1</sup>['A'] Each<sup>1</sup> long-term care facility <sup>1</sup>['], which develops an  
20 outbreak response plan pursuant to this section,]<sup>1</sup> shall annually  
21 perform preparedness drills to evaluate the effectiveness of its  
22 outbreak response plan.

23 (cf: <sup>1</sup>['P.L.2019, c.243, s.1'] P.L.2020, c.87, s.7<sup>1</sup> )

24  
25 2. This act shall take effect immediately.