

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### **SENATE, No. 2798**

with committee amendments

# STATE OF NEW JERSEY

DATED: OCTOBER 21, 2020

The Assembly Health Committee reports favorably and with committee amendments Senate Bill No. 2798.

As amended, this bill establishes additional requirements for the submission of outbreak response plans to the Department of Health (DOH) by long-term care facilities.

Current law requires all long-term care facilities to develop an outbreak response plan, and requires long-term care facilities with ventilator-dependent patients to include additional elements in their plans, require DOH approval of their plans, and requires the facilities to employ certain professionals with expertise in infection control.

The bill, as amended, revises the current law to make the requirement that all long-term care facilities have an outbreak response plan in place a condition of licensure. The bill additionally expands the requirement that long-term care facilities that provide care to ventilator-dependent residents employ certain professionals with infection control expertise applicable to all long-term care facilities.

The bill as amended requires all nursing homes, rather than all long-term care facilities that provide care to ventilator-dependent residents, to submit their outbreak response plans to the DOH. The DOH will continue to verify that submitted plans are compliant with statutory requirements. Currently, all long-term care facilities that provide care to ventilator-dependent residents are licensed as nursing homes, meaning these facilities will continue to be required to submit their outbreak response plans to the DOH. The revision will also apply to veterans' homes, which are licensed as nursing homes by the DOH.

The DOH will have the authority to require any long-term care facility to revise its plan to come into compliance with the statutory requirements for outbreak response plans, and may assess civil penalties or take other administrative actions against a facility that is not in compliance with the requirements of the law.

Current law requires long-term care facilities with ventilator-dependent residents to assign to the facility's infection control committee a physician who has completed an infectious disease fellowship and an individual designated as the infection control

coordinator. These professionals are required to attend at least half the meetings of the infection control committee.

As amended, the bill revises these requirements to change the name “infection control committee” to “infection prevention and control committee,” replace the infection control coordinator position with an infection preventionist position, establish additional qualification criteria for the role, and to require the infection preventionist to attend all the meetings held by the infection prevention and control committee.

The infection preventionist assigned to a long-term care facility's infection control committee is to be a managerial employee. For facilities with a licensed bed capacity of 100 or fewer beds, the infection preventionist is to be employed at least part-time; for facilities with a licensed bed capacity of more than 100 beds or that provide on-site hemodialysis services, the infection preventionist is to be employed on a full-time basis. The infection preventionist is to report directly to the administrator of the long-term care facility and is to provide the administrator quarterly reports detailing the effectiveness of the long-term care facility's infection prevention policies.

The infection preventionist will be responsible for: contributing to the development of policies, procedures, and a training curriculum for long-term care facility staff based on best practices and clinical expertise; monitoring the implementation of infection prevention and control policies and recommending disciplinary measures for staff who routinely violate those policies; and assessing the facility's infection prevention and control program by conducting internal quality improvement audits.

The bill, as amended, requires long-term care facilities to publish their outbreak response plans on their Internet websites, furnish a copy of the plan to residents and their families upon admission, and provide residents and their families with notice any time the facility makes a material change to its plan. Each long-term care facility will be required to annually perform preparedness drills to evaluate the effectiveness of its outbreak response plan.

As reported by the committee with amendments, Senate Bill No. 2798 is identical to Assembly Bill No. 4430, which was also reported by the committee with amendments on this date.

#### COMMITTEE AMENDMENTS:

The committee amendments revise the requirement for all long-term care facilities to submit their outbreak response plans to the DOH for approval to instead make the requirement applicable only to nursing homes.

The committee amendments expressly grant the DOH the authority to require any long-term care facility to revise its plan to come into compliance with the statutory requirements, and to assess civil

penalties or take administrative action against any long-term care facility that is not in compliance with the law.

The committee amendments add a requirement that the infection preventionist has at least five years of infection control experience.

The committee amendments revise the term “infection control committee” to “infection prevention and control committee.” The amendments replace a requirement that the facility’s infection control coordinator attend at least half of committee meetings with a requirement that the infection preventionist attend all meetings of the committee. The facility’s infectious disease specialist physician will continue to be required to attend at least half of the meetings held by the committee.

The committee amendments revise the requirement for a facility to employ an infection preventionist on a full-time basis to apply to facilities that provide on-site hemodialysis services, regardless of the facility’s bed capacity.

The committee amendments revise the requirement for the infection preventionist to report to the facility’s chief executive officer and board to require the infection preventionist report to the facility’s administrator.

The committee amendments revise the responsibilities of the infection preventionist to, instead of developing policies, procedures, and a training curriculum, require the infection preventionist to contribute to the development of policies, procedures, and a training curriculum. In lieu of instituting disciplinary measures for staff who violate infection control policies, the infection preventionist will recommend disciplinary measures. The infection preventionist will additionally be responsible for assessing the facility’s infection prevention and control program through internal quality improvement audits.

The committee amendments require each long-term care facility to distribute a copy of its outbreak response plan to residents and their families upon admission to the facility, and to provide notice to residents and their families any time the facility makes a material change to its plan.

The committee amendments make various technical changes to the bill, including updating the bill to include language added to the current law with the enactment of P.L.2020, c.87 and making certain changes involving grammar, syntax, and internal citations.