SENATE, No. 649

STATE OF NEW JERSEY 211th LEGISLATURE

INTRODUCED JANUARY 26, 2004

Sponsored by: Senator WALTER J. KAVANAUGH District 16 (Morris and Somerset)

SYNOPSIS

Requires health care facilities to report certain information about their health care staff to their respective professional boards or DHSS.

CURRENT VERSION OF TEXT

As introduced.



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AN ACT concerning certain health care facility employees and
 supplementing Title 26 of the Revised Statutes.

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

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7 1. As used in this act:

8 "Applicable board" means the New Jersey Board of Nursing or the9 board of pharmacy of the State of New Jersey.

"Commissioner" means the Commissioner of Health and SeniorServices.

12 "Department" means the Department of Health and Senior Services. 13 "Health care professional" means: a person who is authorized to 14 practice as a registered professional nurse, licensed practical nurse or 15 certified homemaker-home health aide by the New Jersey Board of Nursing pursuant to P.L.1947, c.262 (C.45:11-23 et seq.); a 16 17 pharmacist who is registered with the board of pharmacy of the State of New Jersey pursuant to R.S.45:14-1 et seq.; or a nurse aide or 18 personal care assistant who is certified by the Department of Health 19 20 and Senior Services.

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2. a. A health care facility licensed pursuant to P.L.1971, c.136
23 (C.26:2H-1 et seq.) shall notify the applicable board or the
24 department, as appropriate, in writing if a health care professional who
25 is employed by, or under contract to render professional services to,
26 that health care facility:

(1) voluntarily resigns from the staff of the facility if the facility is
reviewing the health care professional's conduct or patient care at the
facility, or has expressed an intention to resign to any member of the
health care professional or administrative staff at the facility;

(2) has been discharged from the staff of the facility or has had a
contract to render professional services terminated or rescinded for
reasons relating to the health care professional's incompetence,
misconduct or impairment;

(3) agrees to the placement of conditions or limitations on the
health care professional's practice within the facility, including, but not
limited to, nonroutine concurrent or retrospective review of care,
nonroutine supervision by one or more members of the staff, or the
completion of remedial education or training;

(4) is granted a leave of absence pursuant to which the health care
professional may not practice within the facility, if the reasons
provided in support of the leave relate to any physical, mental or
emotional condition or drug or alcohol use that might impair the health
care professional's ability to practice with reasonable skill and safety;
or

1 (5) is a party to a medical malpractice liability suit, to which the 2 facility is also a party, and there is a settlement, judgment or 3 arbitration award, in which case notification shall be made within 4 seven days of the date of the settlement, judgment or award.

b. The commissioner shall prescribe the form of notification, which
shall contain such information as may be required by the applicable
board or the department.

c. A health care facility that fails to provide notification to, or
cooperate with a request for information by, the applicable board or
the department shall be subject to such penalties as the department
may determine pursuant to sections 13 and 14 of P.L.1971, c.136
(C.26:2H-13 and 26:2H-14).

d. A health care facility, or any employee thereof, providing
information to the applicable board or the department regarding a
health care professional pursuant to the provisions of this section or
section 3 of this act, is not liable for damages for providing the
information unless the health care facility or employee knowingly
provided false information.

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20 3. a. A health care facility shall maintain a record of all complaints 21 about, and disciplinary proceedings or actions against, a health care 22 professional who is employed by or otherwise has an affiliation with 23 the facility. The facility shall retain the information for a period of 24 seven years and make the record, including any information that the 25 facility has pertaining to a record maintained on the health care 26 professional prior to the effective date of this act, available to the 27 applicable board and the department, upon request.

b. A health care facility shall make the records relating to its
mortality, morbidity, complication, infection and readmission
experience, which it is required to make available to the department
pursuant to subsection b. of section 3 of P.L.1989, c.300 (C.26:2H12.2a), available to the applicable board, upon request.

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34 4. a. If a health care professional employed by, or under contract 35 to render professional services to, a health care facility has taken or is 36 the subject of an action, or meets a condition, as described in 37 subsection a. of section 2 of this act, the facility and any employee 38 thereof, and any individual who otherwise has an affiliation with the 39 facility, shall be immune from liability for disclosing the action or 40 condition in good faith to another health care facility or other entity that seeks to employ the person as a health care professional. 41

b. A health care facility and any employee thereof, and any
individual who otherwise has an affiliation with the facility, that
discloses information to another health care facility or other entity
pursuant to subsection a. of this section shall be presumed to be acting
in good faith unless it is shown by clear and convincing evidence that

1 the facility, employee or other individual disclosing the information 2 acted with actual malice toward the person who is the subject of the 3 information. 4 5 5. The Commissioner of Health and Senior Services, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et 6 seq.), shall adopt rules and regulations necessary to effectuate the 7 8 purposes of this act. 9 10 6. This act shall take effect on the 180th day after enactment, but the Commissioner of Health and Senior Services may take such 11 anticipatory administrative action in advance as shall be necessary for 12 13 the implementation of the act. 14 15 16 **STATEMENT** 17 This bill requires licensed health care facilities to report to the 18 appropriate State professional licensing board or the Department of 19 20 Health and Senior Services (DHSS), as applicable, concerning certain 21 health care professionals whose conduct or care has been called into 22 question by the facility. 23 The health care professionals covered by this bill would include nurses, homemaker-home health aides, pharmacists, nurse aides and 24 25 personal care assistants. The bill parallels a similar requirement in 26 State law for health care facilities to report to the Medical Practitioner 27 Review Panel established by the State Board of Medical Examiners about physicians whose performance is under question, as provided in 28 29 N.J.S.A.26:2H-12.2. 30 Specifically, the bill directs a hospital or other health care facility to provide written notification to the applicable board if a nurse, 31 32 homemaker-home health aide or pharmacist, or to DHSS if a nurse aide or personal care assistant, who is employed by, or under contract 33 34 to render professional services to, that facility: 35 -- voluntarily resigns from the staff of the facility if the facility is reviewing the health care professional's conduct or patient care or has 36 37 expressed an intention to resign to any member of the health care 38 professional or administrative staff at the facility; 39 -- has been discharged from the staff of the facility or has had a 40 contract to render professional services terminated or rescinded for reasons relating to the health care professional's incompetence, 41 42 misconduct or impairment; -- agrees to the placement of conditions or limitations on the health 43 44 care professional's practice within the facility, including, but not 45 limited to, nonroutine concurrent or retrospective review of care, nonroutine supervision by one or more members of the staff, or the 46

1 completion of remedial education or training; 2 -- is granted a leave of absence pursuant to which the health care 3 professional may not practice within the facility, if the reasons 4 provided in support of the leave relate to any physical, mental or emotional condition or drug or alcohol use that might impair the health 5 6 care professional's ability to practice with reasonable skill and safety; 7 or 8 -- is a party to a medical malpractice liability suit, to which the 9 facility is also a party, and there is a settlement, judgment or 10 arbitration award, in which case notification must be made within 11 seven days of the date of the settlement, judgment or award. 12 The bill provides that the form of notification is to be prescribed by 13 the Commissioner of Health and Senior Services, and contain such information as may be required by the applicable board or DHSS. 14 15 The bill also stipulates that a health care facility that fails to provide this notification or to cooperate with a request for information by the 16 applicable board or DHSS is subject to penalties pursuant to 17 N.J.S.A.26:2H-13 and 26:2H-14. 18 19 The bill further provides that: 20 * a health care facility, or any employee of the facility, providing 21 information to the applicable board or DHSS regarding a health care 22 professional pursuant to the bill, is not liable for damages for providing the information unless the health care facility or employee 23 knowingly provided false information; 24 * a health care facility must maintain a record of all complaints 25 26 about, and disciplinary proceedings or actions against, a health care 27 professional who is employed by or otherwise has an affiliation with 28 the facility; 29 * the facility is to retain the information for a period of seven years 30 and make the record, including any information that the facility has pertaining to a record maintained on the health care professional prior 31 32 to the effective date of the bill, available to the applicable board and 33 DHSS, upon request; and 34 * a health care facility must make the records relating to its mortality, morbidity, complication, infection and readmission 35 experience, which it is required to make available to DHSS pursuant 36 to N.J.S.A.26:2H-12.2a, available to the applicable board, upon 37 38 request. 39 In addition, the bill provides that: 40 -- if a health care professional who is employed by, or under contract to render professional services to, a health care facility has 41 42 taken or is the subject of an action, or meets a condition, as described 43 in the bill, and the facility is required to report to the appropriate State

44 professional licensing board or DHSS, the facility and any employee

45 thereof, and any individual who otherwise has an affiliation with the

46 facility, is immune from liability for disclosing the action or condition

1 in good faith to another health care facility or other entity that seeks

2 to employ that person as a health care professional; and

-- a health care facility and any employee thereof, and any 3 4 individual who otherwise has an affiliation with the facility, that 5 discloses this information to another health care facility or other entity is presumed to be acting in good faith unless it is shown by clear and 6 convincing evidence that the facility or person disclosing the 7 information acted with actual malice toward the person who is the 8 9 subject of the information.

The bill takes effect on the 180th day after enactment, but 10 11 authorizes the Commissioner of Health and Senior Services to take anticipatory administrative action in advance as necessary for its 12

13 implementation.