SENATE, No. 2825

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED JUNE 9, 2022

Sponsored by: Senator JOSEPH F. VITALE District 19 (Middlesex) Senator FRED H. MADDEN, JR. District 4 (Camden and Gloucester)

SYNOPSIS

Establishes certain requirements and initiatives related to nurses; transfers oversight of certified nurse aides from DOH to Board of Nursing; appropriates \$26.7 million.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/29/2022)

AN ACT concerning nurses, revising various parts of the statutory 1 2 law, supplementing P.L.2002, c.116, Titles 26, 34, and 45 of the 3 Revised Statutes, P.L.1947, c.262 (C.45:11-23 et seq.), and Title 54A of the New Jersey Statutes, and making appropriations. 4

5 6

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

8

7

9 1. (New section) The New Jersey Collaborating Center for 10 Nursing ("NJCCN") shall establish a program through which facilities for acute care, long-term care, public health, ambulatory 11 12 care, home care and hospice providers, and other qualifying 13 facilities or providers may apply to receive financial, material and technical support from the NJCCN to implement a residency 14 15 program created in accordance with P.L. , c. (C.) (pending 16 before the Legislature as this bill) for licensed practical nurses and 17 registered professional nurses, or one of these professions.

18 19

20

21 22

23

24

25

26

27

28 29

30

31

33

34

- 2. (New section) a. The NJCCN shall appoint an advisory committee of stakeholders, which shall organize no later than 60 days after the date of enactment of P.L. , c. before the Legislature as this bill), for consultation to effectuate the purposes of P.L., c. (C.) (pending before the Legislature as this bill).
- b. The stakeholders to be appointed by the NJCCN to the advisory committee shall include at least:
- (1) two NJCCN representatives;
- (2) one representative of the New Jersey Board of Nursing who is either a licensed practical nurse or a registered professional nurse;
- (3) one licensed practical nurse or registered professional nurse 32 who completed a nursing residency program in the State;
 - (4) one licensed practical nurse or registered professional nurse representing a unionized facility;
- (5) one faculty member of an associate's degree program in 35 36 nursing located in New Jersey;
- 37 (6) one faculty member of a bachelor's degree program in 38 nursing located in New Jersey;
- 39 (7) one representative of the New Jersey Hospital Association 40 who focuses on long-term care;
- 41 (8) one representative of the Health Care Association of New 42 Jersey;
- 43 (9) one representative of the Home Care and Hospice 44 Association of New Jersey;
- 45 (10) one representative of the New Jersey Association of County 46 and City Health Officials;

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

- 1 (11) one representative of the New Jersey State Nurses 2 Association; and
- 3 (12) one representative of the Organization of Nurse Leaders of 4 New Jersey.
 - c. Notwithstanding the requirements for the membership of the advisory committee pursuant to subsection b. of this section, the NJCCN shall have the authority to adjust membership of the advisory committee upon periodic review of the needs of residency programs for licensed practical nurses and registered professional nurses in the State.

15

16

17

19

20

21

22

23

24

25

26

27

28 29

37

38

39

40

41

42

5

6 7

- 12 **Pursuant** section 3. (New section) a. to 2 of) (pending before the Legislature as this bill), 13 P.L., c. (C. the NJCCN shall consult with the advisory committee to: 14
- (1) establish and update, as necessary, requirements for a residency program created in accordance with P.L. , c. (pending before the Legislature as this bill). The requirements shall 18 include, at a minimum:
 - (a) a 12-month timeline for a residency;
 - (b) a full-time schedule for residents;
 - (c) support for residents by a preceptor or mentor; and
 - (d) collection of data by the facility or provider to send to the NJCCN regarding the number of individuals who completed a residency program with the facility or provider and remained at the facility or with the provider after residency completion for full-time employment; and
 - (2) establish criteria for eligibility of facilities and providers to participate in the program created in accordance with section 1 of) (pending before the Legislature as this bill). , c. (C.
- To participate in the program, established pursuant to section 30 31 1 of P.L.) (pending before the Legislature as this , c. (C. 32 bill), a facility or provider shall submit an application, in a form as 33 determined by the NJCCN in consultation with the advisory 34 committee, and shall include the following information:
- 35 (1) the number of spots to be offered in the facility or provider's 36 residency program;
 - (2) the type of facility or provider seeking approval; and
 - (3) whether the facility or provider's residency program is newly established or being updated.
 - c. Applications shall be approved on a first-come, first-served basis, with priority given to long-term care facilities and home care providers.
- 43 Upon approval of an application, the New Jersey Board of 44 Nursing shall provide funding to the NJCCN to offer the financial, 45 material and technical support to the approved facility or provider, 46 in an amount determined based on various criteria, including, but 47 not limited to, the information submitted in the application pursuant 48 to paragraphs (1) through (3) of subsection b. of this section.

S2825 VITALE, MADDEN

4

e. At no time shall the New Jersey Board of Nursing allocate an amount exceeding \$4 million annually to the NJCCN for the financial, material and technical support to facilities and providers participating in the program established pursuant to section 1 of P.L., c. (C.) (pending before the Legislature as this bill).

6 7

8

9

10

11

12

13

1415

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

- 4. Section 4 of P.L.2002, c.116 (C.18A:65-92) is amended to read as follows:
 - 4. The board shall:
 - a. determine global policies for the center;
- b. implement the primary goals of the center as established in this act;
- c. appoint a multidisciplinary advisory council to provide input and advice on policy matters. The advisory council shall include representatives from all of the organizations represented in the collaborative of New Jersey Colleagues in Caring;
- d. appoint a full-time executive director who shall serve at the pleasure of the board and shall be a person qualified by training and experience to perform the duties of the office. The board shall authorize the executive director to employ such other staff as the executive director deems necessary and within the limits of funds available to the center. All policies and procedures concerning the hiring of center employees shall be the same as and consistent with the applicable policies and procedures of Rutgers, The State University of New Jersey;
- e. apply for and accept grants of money available for carrying out the policies and activities of the center from the federal government, and accept gifts, grants and bequests of funds from individuals, foundations, corporations, governmental agencies and other organizations and institutions to carry out the purposes of this act;
- f. establish policies for the appointment of members of the board; and
- 34 submit a report to the Governor and the Legislature [one 35 year after the center is established, and I every two years 36 [thereafter,] on its activities and findings, including, but not limited 37 to, (1) data on the participation of facilities and providers in the 38 NJCCN program established pursuant to section 1 of P.L. , c. 39) (pending before the Legislature as this bill); (2) data on the number of licensed practical nurses and registered professional 40 nurses participating in a residency program supported by the 41
- 42 NJCCN program established pursuant to section 1 of P.L. , c.
- 43 (C.) (pending before the Legislature as this bill), including
- 44 information on the health care settings in which the residencies
- were supported; and (3) funds spent in the previous two years on
- 46 materials and technical support supplied by the NJCCN to
- 47 participating facilities and providers. The report may include such
- 48 recommendations for legislative action as the board deems

appropriate. The board shall make its **[**annual] <u>biannual</u> report available to members of the public, upon request.

3 (cf: P.L.2009, c.47, s.3)

4

- 5. Section 4 of P.L.2009, c.47 (C.18A:65-92.1) is amended to read as follows:
- 7 4. There is annually appropriated to the New Jersey 8 Collaborating Center for Nursing in the College of Nursing of
- 9 Rutgers, The State University of New Jersey, 5%, or \$515,000,
- 10 whichever amount is greater, of the initial and renewal licensing
- 11 fees for professional and practical nurses collected by the New
- 12 Jersey Board of Nursing each year.
- 13 (cf: P.L.2009, c.47, s.4)

14

- 15 6. Section 5 of P.L.2009, c.47 (C.45:11-27.1) is amended to 16 read as follows:
- 5. a. Of the initial and renewal licensing fees charged by the New Jersey Board of Nursing pursuant to N.J.A.C.13:37-5.5 for professional and practical nurses, an amount equal to 5%, or \$515,000, whichever amount is greater, of the fee shall be dedicated to funding the New Jersey Collaborating Center for Nursing in the
- to funding the New Jersey Collaborating Center for Nursing in the
 College of Nursing of Rutgers, The State University of New Jersey.
- b. The board may, by regulation, revise the fees charged pursuant to N.J.A.C.13:37-5.5 to account for the loss of revenue to the board as a result of the dedication of funding pursuant to this section.
- 27 (cf: P.L.2009, c.47, s.5)

- 7. (New section) a. As used in this section:
- 30 "Council" means a Nurse Workplace Environment and Staffing 31 Council established in a hospital pursuant to this section.
- "Hospital" means a hospital licensed pursuant to P.L.1971, c.136(C.26:2H-1 et seq.).
- b. The Department of Health shall require each hospital in this
- 35 State to establish a Nurse Workplace Environment and Staffing
- 36 Council, either by establishing a new council or assigning the
- 37 functions of the council to a similar existing entity within the
- 38 hospital. Each council shall be established based on the American
- Association of Critical Care Standards for establishing and sustaining a healthy work environment.
- 41 c. Each council shall serve the purpose of:
- 42 (1) providing nurses with representation on matters concerning 43 the establishment of healthy work environments and human 44 resource allocation;
- 45 (2) creating a forum of participatory leadership; and
- 46 (3) supporting the equal participation of nurses and hospital management in hospital decisions affecting nurses.

- 1 d. At least 51 percent of the members of each council shall be 2 registered nurses who spend at least 50 percent of work time in 3 direct patient care. Each council shall contain a sufficient number 4 of members to provide adequate representation of all the nurses 5 working in the hospital. The selection of the registered nurses shall be according to the collective bargaining agreement, if one in effect 6 7 at the hospital. If there is no applicable collective bargaining agreement, the members of the council who are registered nurses 8 9 shall be selected by their peers. The members of the council who 10 are hospital administrative staff shall be appointed by each 11 council's Chief Nursing Officer.
 - e. Participation in the council by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Council members shall be relieved of all other work duties during meetings of the council.
 - f. Each council shall have a Chief Nursing Officer and a direct care nurse who shall serve as the co-chairs of the council.
 - g. Each council member shall be required to complete the curriculum provided by the Organization of Nurse Leaders of New Jersey Nursing Workplace Environment Commission program or a similar process defined in a collective bargaining agreement.
 - h. (1) Each council shall develop an annual plan concerning nurse staffing and the creation of a positive work environment for nurses within the hospital. The plan shall be based on the needs of patients and be used as a primary component for budget planning by the Chief Nursing Officer.
 - (2) The plan shall:

13

14

15 16

17

18

1920

21

22

23

24

25

26

27

2829

30

31

3233

34

35

36

40

- (a) not diminish other standards under State or federal law, rules, or regulations, or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff; and
- (b) provide for exemptions for some or all requirements of the plan during a state of emergency, as defined in section 23 of P.L.2011, c.19 (C.5:12-45.3), if the hospital is requested or expected to provide an exceptional level of emergency or other medical services.
- 37 (3) The Department of Health shall be responsible for ensuring 38 that each council is in compliance with the provisions of this

39 subsection and shall review the plan as necessary.

- 41 8. (New section) a. As used in this section:
- "Authority" means the New Jersey Economic Development 43 Authority established by section 4 of P.L.1974, c.80 (C.34:1B-4).
- "Chief Executive Officer" means the Chief Executive Officer ofthe New Jersey Economic Development Authority.
- 46 "Eligible nursing education program" means an accredited 47 nursing education program located in the State at a public

1 institution of higher education, independent institution of higher 2 education, or hospital-based nursing school.

"Program" means the Nursing School Expansion Grant Program established pursuant to this section.

- b. There is established the Nursing School Expansion Grant Program to be administered by the New Jersey Economic Development Authority. The program shall provide grants to eligible nursing education programs in the State to increase their capacity and improve the supply of the nursing workforce.
- c. An eligible nursing education program may submit an application for grant funding through the program to the Chief Executive Officer. An application shall include information and data, in such form and in such manner as is required by the Chief Executive Officer, on:
- (1) the enrollment and graduation rates for the three academic years preceding the date of the application;
- (2) the projected plan to increase enrollment and graduation targets;
- (3) the demographic profile of current students, faculty, and staff and specific plans to increase the diversity of the nursing workforce;
- (4) any plans for faculty expansions in order to meet the needs of an increased student body;
- (5) any partnerships, connections, or pathways between licensed practical nursing programs, diploma or certificate programs, associate's degree programs, baccalaureate degree programs, and graduate level programs in nursing and nursing education;
- (6) student pass rates for examinations administered by the National Council of State Boards of Nursing; and
- (7) such other information as the Chief Executive Officer may require.
- d. The Chief Executive Officer, in consultation with the New Jersey Collaborating Center for Nursing, shall develop criteria for the evaluation of applications for grants. Based upon the criteria developed, and within the limits of available appropriations, the Chief Executive Officer shall award grants to eligible nursing education programs in such amounts as the Chief Executive Officer determines.

- 9. (New section) a. The New Jersey Nursing Emotional Well-Being Institute (NJ-NEW) in the New Jersey Collaborating Center for Nursing shall establish a program of services designed to promote the mental health and well-being of nurses licensed in New Jersey and their families and prevent the psychological and physical sequelae of stress. At a minimum, the program shall:
- 46 (1) encourage all health care facilities in the State that employ 47 nurses to access the NJ-NEW Schwartz Rounds program;

- (2) work to make virtual Schwartz rounds available to all nurses in the State on at least a monthly basis;
- (3) coordinate with nursing associations, mental health associations, and community organizations to facilitate a Statewide NJ-NEW well-being hub, which shall comprise learning collaboratives that offer strategies to prevent work-related stress from causing physical and emotional symptoms, provide educational resources, and provide consultation services for health care organizations in New Jersey to promote emotional well-being for nurses and their families;
 - (4) provide stress first aid training or establish partnerships with stress first aid training providers to support health care organizations in promoting emotional well-being and resiliency for nurses and their families;
 - (5) establish an online repository of Statewide emotional wellbeing and mental health resources and referrals for nurses and their families; and
 - (6) establish any other evidence-based initiatives that meet the ongoing emotional well-being and mental health needs of nurses and their families.
 - b. In addition to the amounts appropriated pursuant to section 4 of this act, there shall be annually appropriated from the General Fund to NJ-NEW such sums as are sufficient to support the operations of NJ-NEW and the initiatives undertaken by NJ-NEW pursuant to this act.

- 10. (New section) a. The New Jersey Nursing Emotional Well-Being Institute (NJ-NEW) in the New Jersey Collaborating Center for Nursing and the University Behavioral HealthCare of Rutgers, the State University of New Jersey, or another entity, shall provide a toll-free nurse-to-nurse peer support helpline, or a similar helpline.
- b. The helpline shall be accessible 24 hours a day, seven days per week, and shall respond to calls from nurses and their family members. The staff of the helpline shall provide counselling and support to callers, shall seek to identify the nurses and their family members who should be referred for further support and counseling services, and shall provide informational resources. The helpline shall partner with the Statewide NJ-NEW well-being hub established pursuant to paragraph (3) of subsection a. of section 9 of this act to provide callers with resources and skill sets to prevent situations that cause stress and the psychological and physical sequelae of stress.
- c. The operators of the helpline shall be trained by University Behavioral Healthcare of Rutgers, the State University of New Jersey and, to the greatest extent possible, shall be current or former nurses who are:

- (1) familiar with post-traumatic stress disorder and the emotional and psychological tensions, depressions, and anxieties unique to nurses and their family members; or
- (2) trained to provide counseling services involving marriage and family life, substance abuse, personal stress management, and other emotional or psychological disorders or conditions which may be likely to adversely affect the personal and profession-related well-being of nurses and their family members.
- d. The NJ-NEW and University Behavioral HealthCare of Rutgers, the State University of New Jersey, or another entity, shall provide for the confidentiality of the names of the callers, the information discussed, and any referrals for further peer support or counseling; provided, however, that the NJ-NEW and Rutgers, the State University of New Jersey, or another entity, may establish guidelines providing for the tracking of any person who exhibits a severe emotional or psychological disorder or condition which the operator handling the call reasonably believes might result in harm to the nurse, family member, or any other person.
 - e. University Behavioral HealthCare of Rutgers, the State University of New Jersey, or another entity, shall maintain a list of credentialed resources and behavioral health care providers throughout the State, and shall provide case management services to ensure that nurses and their family members receive ongoing counseling and a continuum of care in New Jersey. The continuum of services shall utilize applicable State and federal guidelines while providing ongoing peer support.

- 11. (New section) a. The New Jersey Board of Nursing shall require each licensed practical nurse, registered nurse, advanced practice nurse, and homemaker-home health aide licensed or certified in the State, as a condition of initial licensure or certification or renewal of a license or certification, to complete a survey, which survey shall include the following information:
- (1) the type of license or certificate held by the person and the status of that license or certificate;
- (2) the person's demographic information, including age, race, ethnicity, and gender;
 - (3) the person's educational background;
 - (4) the person's employment status;
 - (5) the person's primary employment setting;
 - (6) the type of position held by the person;
- (7) in the case of a nurse, whether the nurse is licensed under the multistate Nurse Licensure Compact and whether, during the course of the prior year, the nurse provided professional services in other states under the compact; and
 - (8) such other information as the board may require.
- b. The New Jersey Board of Nursing shall require each school that offers a nurse training program, including programs that offer a

- 1 diploma, an associate's degree, a baccalaureate degree, or an
- 2 advanced degree in nursing as well as licensed practical nursing
- 3 programs, and each homemaker-home health aide training program,
- 4 to complete an annual survey, no later than July 1 of each year,
- 5 which survey shall include the following information:
 - (1) the number of applicants rejected by the school or program;
 - (2) the total number of available slots at the school or program;
- 8 (3) the total number of qualified candidates who applied for the school or program;
- 10 (4) the total number of current enrollees in the school or 11 program;
 - (5) graduation rates from the school or program;
- 13 (6) in the case of nursing schools, passage rates for the National 14 Council Licensure Examination;
 - (7) demographic information concerning current students and faculty, including data concerning age, race, ethnicity, and gender;
 - (8) faculty vacancy rates;

12

15

16

17

18

1920

21

22

23

30

- (9) the total number of faculty employed;
- (10) the educational background of faculty members; and
 - (11) such other information as the board may require.
- c. Until the first day of the 19th month next following the enactment of P.L. , c. (C.) (pending before the Legislature as this bill, the Department of Health shall require each certified
- 24 nurse aide licensed in the State to complete a survey as a condition
- of initial certification or renewal of a certification; thereafter, the New Jersey Board of Nursing shall require each certified nurse aide
- 27 licensed in the State to complete a survey as a condition of initial
- 28 certification or renewal of a certification. The survey required
- 29 pursuant to this subsection shall include the following information:
 - (1) the certification status of the person;
- 31 (2) the person's demographic information, including age, race, 32 ethnicity, and gender;
 - (3) the person's educational background;
 - (4) the person's employment status;
- 35 (5) the person's primary employment setting;
- 36 (6) the type of position held by the person; and
- 37 (7) such other information as the department may require.
- d. Until the first day of the 19th month next following the
- 39 enactment of P.L. , c. (C.) (pending before the Legislature
- 40 as this bill, the Department of Health shall require certified nurse
- 41 aide training programs to complete an annual survey; thereafter, the
- 42 New Jersey Board of Nursing shall require certified nurse aide
- 43 training programs to complete an annual survey. The survey
- required pursuant to this subsection shall be completed no later than
- 45 July 1 of each year, and shall include the following information:
- 46 (1) the number of applicants rejected by the program;
- 47 (2) the total number of available slots at the program;

- 1 (3) the total number of qualified candidates who applied for the 2 program;
 - (4) the total number of current enrollees in the program;
 - (5) graduation rates from the program;
- 5 (6) demographic information concerning current students and 6 faculty, including data concerning age, race, ethnicity, and gender;
 - (7) faculty vacancy rates;

3

4

7

9

11

12

13 14

15

16

17

18

19

20

21

2223

24

25

26

27

28

29

47

- 8 (8) the total number of faculty employed;
 - (9) the educational background of faculty members; and
- 10 (10) such other information as the department may require.
 - e. (1) The New Jersey Board of Nursing shall develop and annually review the surveys required pursuant to subsections a. and b. of this section in collaboration with the New Jersey Collaborating Center for Nursing.
 - (2) Until the first day of the 19th month next following the enactment of P.L. , c. (C.) (pending before the Legislature as this bill, the Department of Health shall develop and annually review the surveys required pursuant to subsections c. and d. of this section in collaboration with the New Jersey Collaborating Center for Nursing; thereafter the New Jersey Board of Nursing shall develop and annually review the surveys required pursuant to subsections c. and d. of this section in collaboration with the New Jersey Collaborating Center for Nursing.
 - f. (1) The New Jersey Board of Nursing shall ensure compliance with the survey requirements of subsection a. of this section, and shall take appropriate disciplinary action against a nurse or homemaker-home health aide who fails to complete the annual survey. A survey shall not be deemed complete unless all survey questions are answered.
- 30 (2) The New Jersey Collaborating Center for Nursing shall be 31 responsible for distributing the survey required pursuant to 32 subsection b. of this section, and, commencing on the first day of 33 the 19th month next following the effective date of 34 P.L., c. (C.) (pending before the Legislature as this bill), 35 the survey required pursuant to subsection d. of this section, based 36 on a list of schools that provide nurse training programs, a list of 37 homemaker-home health aide training programs, and, commencing 38 on the first day of the 19th month next following the effective date 39 of P.L. , c. (C.) (pending before the Legislature as this 40 bill), a list of certified nurse aide training programs, which lists 41 shall be furnished to the New Jersey Collaborating Center for 42 Nursing by the New Jersey Board of Nursing. The New Jersey 43 Collaborating Center for Nursing shall notify the New Jersey Board 44 of Nursing of any school or training program that fails to complete 45 a survey distributed by the New Jersey Collaborating Center for 46 Nursing pursuant to this paragraph, and the New Jersey Board of

Nursing shall take appropriate disciplinary action against the school

or training program. A survey shall not be deemed complete unless all survey questions are answered.

- (3) Until the first day of the 19th month next following the enactment of P.L., c. (C.) (pending before the Legislature as this bill, the Department of Health shall be responsible for distributing and ensuring compliance with the survey requirements set forth in subsections c. and d. of this section, and shall take appropriate disciplinary action against a certified nurse aide or certified nurse aide training program that fails to complete the survey; thereafter, the New Jersey Board of Nursing shall be responsible for distributing and ensuring compliance with the survey requirements set forth in subsection c. of this section, and shall take appropriate disciplinary action against a certified nurse aide that fails to complete the survey. A survey shall not be deemed complete unless all survey questions are answered.
- (1) The New Jersey Board of Nursing shall transmit de-identified survey data collected pursuant to subsection a. of this section to the New Jersey Collaborating Center for Nursing and, commencing on the first day of the 19th month next following the effective date of P.L. (C.) (pending before the , c. Legislature as this bill), shall transmit de-identified survey data collected pursuant to subsection c. of this section to the New Jersey Collaborating Center for Nursing. The New Jersey Collaborating Center for Nursing shall analyze data transmitted to it pursuant to this paragraph and produce an annual aggregate report of the data, which shall be made available on the websites of the New Jersey Board of Nursing and the New Jersey Collaborating Center for Nursing.
 - (2) The New Jersey Collaborating Center for Nursing shall analyze the survey data collected pursuant to subsection b. of this section and, commencing on the first day of the 19th month next following the effective date of P.L. , c. (C.) (pending before the Legislature as this bill), the survey data collected pursuant to subsection d. of this section, and shall produce an annual aggregate report of the data, which shall be made available on the Internet websites of the New Jersey Board of Nursing and the New Jersey Collaborating Center for Nursing.
 - (3) Until the first day of the 19th month next following the enactment of P.L., c. (C.) (pending before the Legislature as this bill, the Department of Health shall analyze the survey data collected pursuant to subsections c. and d. of this section and shall produce an annual aggregate report of the data, which shall be made available on the Internet websites of the department and the New Jersey Collaborating Center for Nursing. Until the first day of the 19th month next following the enactment of P.L., c. (C.) (pending before the Legislature as this bill, the department may contract with the New Jersey Collaborating Center for Nursing to analyze the survey data and produce the annual aggregate report

required pursuant to this paragraph, in which case the department shall provide the New Jersey Collaborating Center for Nursing with five percent of the total certified nurse aide certification fees collected for the current reporting period. The New Jersey Collaborating Center for Nursing may not charge the department any additional compensation for analyzing the survey data and producing the aggregate report above the fee authorized under this paragraph.

- 12. Section 2 of P.L.2005, c.83 (C.26:2H-12.2b) is amended to read as follows:
- 2. a. A health care entity shall notify the division in writing if a health care professional who is employed by, under contract to render professional services to, or has privileges granted by, that health care entity, or who provides such services pursuant to an agreement with a health care services firm or staffing registry:
- (1) for reasons relating to the health care professional's impairment, incompetency, or professional misconduct, which incompetency or professional misconduct relates adversely to patient care or safety: (a) has full or partial privileges summarily or temporarily revoked or suspended, or permanently reduced, suspended, or revoked; (b) has been removed from the list of eligible employees of a health services firm or staffing registry; (c) has been discharged from the staff; or (d) has had a contract to render professional services terminated or rescinded;
- (2) has conditions or limitations placed on the exercise of clinical privileges or practice within the health care entity for reasons relating to the health care professional's impairment, incompetency, or professional misconduct or, which incompetency or professional misconduct relates adversely to patient care or safety, including, but not limited to, second opinion requirements, non-routine concurrent or retrospective review of admissions or care, non-routine supervision by one or more members of the staff, or the completion of remedial education or training;
- (3) voluntarily resigns from the staff if: (a) the health care entity is reviewing the health care professional's patient care or reviewing whether, based upon its reasonable belief, the health care professional's conduct demonstrates an impairment or incompetence or is unprofessional, which incompetence or unprofessional conduct relates adversely to patient care or safety; or (b) the health care entity, through any member of the medical or administrative staff, has expressed an intention to do such a review;
- (4) voluntarily relinquishes any partial privilege or authorization to perform a specific procedure if: (a) the health care entity is reviewing the health care professional's patient care or reviewing whether, based upon its reasonable belief, the health care professional's conduct demonstrates an impairment or incompetence or is unprofessional, which incompetence or unprofessional conduct

relates adversely to patient care or safety; or (b) the health care entity, through any member of the medical or administrative staff, has expressed an intention to do such a review;

- (5) while under, or subsequent to, a review by the health care entity of the health care professional's patient care or professional conduct is granted a leave of absence for reasons relating to a physical, mental, or emotional condition or drug or alcohol use which impairs the health care professional's ability to practice with reasonable skill and safety, except that no report is required for pregnancy-related leaves of absence or if the health care professional has sought assistance from a professional assistance or intervention program approved or designated by the division or a board to provide confidential oversight of the health care professional and is following the treatment regimen or monitoring as that program requires; or
- (6) is a party to a medical malpractice liability suit, to which the health care entity is also a party, and in which there is a settlement, judgment, or arbitration award.

As used in this subsection, incompetence, professional misconduct, and unprofessional conduct shall not include personal conduct, such as tardiness, insubordination, or other similar behavior, which does not relate to patient care or safety.

- b. A health care entity shall notify the division in writing if it is in possession of information that indicates that a health care professional has failed to comply with a request to seek assistance from a professional assistance or intervention program approved or designated by the division or a board to provide confidential oversight of the health care professional, or has failed to follow the treatment regimen or monitoring program required by that program to assure that the health care professional's physical, mental, or emotional condition or drug or alcohol use does not impair the health care professional's ability to practice with reasonable skill and safety.
- c. A health care entity shall notify the division in writing if any health care professional who has been the subject of a report pursuant to this section, has had conditions or limitations on the exercise of clinical privileges or practice within the health care entity altered, or privileges restored, or has resumed exercising clinical privileges that had been voluntarily relinquished.
- d. In the case of a health care professional who is providing services at a health care entity pursuant to an agreement with a health care services firm or staffing agency and is the subject of a notice pursuant to this section, the health care entity shall, when it submits a notice to the division concerning that health care professional, provide a copy of the notice to the health care services firm or staffing agency.
- e. The form of notification shall be prescribed by the Commissioner of Health, in consultation with the Commissioner of

Human Services in the case of psychiatric facilities and developmental centers, and shall contain such information as may be required by the division and shall be made within seven days of the date of the action, settlement, judgment, or award.

- f. A health care entity which fails to provide such notice to the division or fails to cooperate with a request for information by the division, the board or the Medical Practitioner Review Panel established pursuant to section 8 of P.L.1989, c.300 (C.45:9-19.8) shall be subject to such penalties as the Department of Health may determine pursuant to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).
- g. A health care entity, or any employee thereof, which provides information to the division, the board, the Medical Practitioner Review Panel, a health care services firm or staffing agency, or the Department of Health, in good faith and without malice, regarding a health care professional pursuant to the provisions of this section or section 3 of P.L.1989, c.300 (C.26:2H-12.2a), is not liable for civil damages in any cause of action arising out of the provision or reporting of the information.
 - h. A health care entity shall provide the health care professional who is the subject of a notice pursuant to paragraphs (1), (2), (4), and (5) of subsection a. of this section and subsection c. of this section with a copy of the notice provided to the division, when the health care entity submits the notice to the division.
 - i. For the purposes of this section, section 3 of P.L.1989, c.300 (C.26:2H-12.2a) and section 15 of P.L.2005, c.83 (C.26:2H-12.2c):

"Board" means a professional and occupational licensing board within the Division of Consumer Affairs in the Department of Law and Public Safety which licenses or otherwise authorizes a health care professional to practice a health care profession.

"Division" means the Division of Consumer Affairs in the Department of Law and Public Safety.

"Health care entity" means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a health maintenance organization authorized to operate pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), a carrier which offers a managed care plan regulated pursuant to P.L.1997, c.192 (C.26:2S-1 et seq.), a State or county psychiatric hospital, a State developmental center, a staffing registry, and a home care services agency as defined in section 1 of P.L.1947, c.262 (C.45:11-23).

"Health care professional" means a person licensed or otherwise authorized pursuant to Title 45 or Title 52 of the Revised Statutes to practice a health care profession that is regulated by the Director of the Division of Consumer Affairs or by one of the following boards: the State Board of Medical Examiners, the New Jersey Board of Nursing, the New Jersey State Board of Dentistry, the New Jersey State Board of Pharmacy, the State Board of Chiropractic Examiners, the

- 1 Acupuncture Examining Board, the State Board of Physical
- 2 Therapy, the State Board of Respiratory Care, the Orthotics and
- 3 Prosthetics Board of Examiners, the State Board of Psychological
- 4 Examiners, the State Board of Social Work Examiners, the State
- 5 Board of Veterinary Medical Examiners, the State Board of
- 6 Examiners of Ophthalmic Dispensers and Ophthalmic Technicians,
- 7 the Audiology and Speech-Language Pathology Advisory
- 8 Committee, the State Board of Marriage and Family Therapy
- 9 Examiners, the Occupational Therapy Advisory Council and the
- 10 Certified Psychoanalysts Advisory Committee. "Health care
- 11 professional" also includes **[**a nurse aide and **]** a personal care
- assistant certified by the Department of Health.
- 13 (cf: P.L.2012, c.17, s.179)

- 13. Section 2 of P.L.1997, c.100 (C.26:2H-83) is amended to read as follows:
- read as follows:
 2. a. The Department of Health shall not issue a Inurse aide
- 2. a. The Department of Health shall not issue a **I**nurse aide
- or personal care assistant certification to any applicant, except on a conditional basis as provided for in subsection d. of section 3 of
- conditional basis as provided for in subsection d. of section 3 of P.L.1997, c.100 (C.26:2H-84), unless the Commissioner of Health
- 21 first determines, consistent with the requirements of sections 2
- 22 through 6 of P.L.1997, c.100 (C.26:2H-83 through 87), that no
- 23 criminal history record information exists on file in the Federal
- 24 Bureau of Investigation, Identification Division, or in the State
- 25 Bureau of Identification in the Division of State Police, which
- would disqualify that person from being certified. A [nurse aide or]
- 27 personal care assistant certified by the department prior to the
- 28 effective date of P.L.2000, c.20 upon whom a criminal history
- 29 record background check has not been conducted pursuant to
- 30 sections 2 through 6 of P.L.1997, c.100 (C.26:2H-83 through 87),
- 31 shall be required to undergo that criminal history record background
- 32 check as a condition of that individual's initial recertification
- following the effective date of P.L.2000, c.20.
- In addition, a follow-up criminal history record background
- 35 check of federal records shall be conducted at least once every two
- years as a condition of recertification for every certified Inurse aide
- and personal care assistant; except that the commissioner, in lieu
- 38 of conducting follow-up criminal history record background checks
- 39 for purposes of recertification, may provide for an alternative means
- 40 of determining whether a certified [nurse aide or] personal care
- 41 assistant has been convicted of a crime or disorderly persons
- 42 offense which would disqualify that person from certification,
- 43 including, but not limited to, a match of a person's Social Security
- 44 number or other identifying information with records of criminal
- 45 proceedings in this and other states. If the commissioner elects to
- 46 implement this alternative means of determining whether a certified
- 47 [nurse aide or] personal care assistant has been convicted of a

crime or disorderly persons offense which would disqualify that person from certification, the commissioner shall report to the Governor and the Legislature prior to its implementation on the projected costs and procedures to be followed with respect to its implementation and setting forth the rationale therefor.

6 7

8

9

10

11

12

13

1415

16

19

20

21

22

23

24

25

26

27

2829

30

31

32

33

34

35

36

40

41

44

A person shall be disqualified from certification if that person's criminal history record background check reveals a record of conviction of any of the following crimes and offenses:

- (1) In New Jersey, any crime or disorderly persons offense:
- (a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:11-1 et seq., N.J.S.2C:12-1 et seq., N.J.S.2C:13-1 et seq., N.J.S.2C:14-1 et seq. or N.J.S.2C:15-1 et seq.; or
- (b) against the family, children, or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:24-1 et seq.; or
- 17 (c) involving theft as set forth in chapter 20 of Title 2C of the 18 New Jersey Statutes; or
 - (d) involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a. of N.J.S.2C:35-10.
 - (2) In any other state or jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in paragraph (1) of this subsection.
 - b. Notwithstanding the provisions of subsection a. of this section, no person shall be disqualified from certification on the basis of any conviction disclosed by a criminal history record background check performed pursuant to sections 2 through 6 and section 14 of P.L.1997, c.100 (C.26:2H-83 through 87 and C.53:1-20.9a) if the person has affirmatively demonstrated to the Commissioner of Health clear and convincing evidence of the person's rehabilitation. In determining whether a person has affirmatively demonstrated rehabilitation, the following factors shall be considered:
- 37 (1) the nature and responsibility of the position which the 38 convicted person would hold, has held or currently holds, as the 39 case may be;
 - (2) the nature and seriousness of the offense;
 - (3) the circumstances under which the offense occurred;
- 42 (4) the date of the offense;
- 43 (5) the age of the person when the offense was committed;
 - (6) whether the offense was an isolated or repeated incident;
- 45 (7) any social conditions which may have contributed to the offense; and
- 47 (8) any evidence of rehabilitation, including good conduct in 48 prison or in the community, counseling or psychiatric treatment

received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the person under their supervision.

- c. If a person subject to the provisions of sections 2 through 6 of P.L.1997, c.100 (C.26:2H-83 through 87) refuses to consent to, or cooperate in, the securing of a criminal history record background check, the commissioner shall, as applicable:
- (1) not issue a **[**nurse aide or **]** personal care assistant certification and shall notify the applicant, and the applicant's employer if the applicant is conditionally employed as provided in subsection d. of section 3 of P.L.1997, c.100 (C.26:2H-84) or the applicant's prospective employer if known, of that denial; or
- (2) revoke the person's current **[**nurse aide or **]** personal care assistant certification and notify the person, and the person's employer, if known, of that revocation.

(cf: P.L.2012, c.17, s.240)

171819

20

32

33

34

35

36

37

38

39

40

41 42

43

44

45

46 47

5

6

7

8

9

10

11

12

13

14

15

- 14. Section 3 of P.L.1997, c.100 (C.26:2H-84) is amended to read as follows:
- 21 3. a. An applicant for certification, or a certified Inurse aide 22 or personal care assistant who is required to undergo a criminal 23 history record background check pursuant to section 2 of P.L.1997, 24 c.100 (C.26:2H-83), shall submit to the Commissioner of Health 25 that individual's name, address, and fingerprints taken on standard 26 fingerprint cards by a State or municipal law enforcement agency. 27 The commissioner is authorized to exchange fingerprint data with 28 and receive criminal history record information from the Federal 29 Bureau of Investigation and the Division of State Police for use in 30 making the determinations required by sections 2 through 6 of 31 P.L.1997, c.100 (C.26:2H-83 through 87).
 - b. Upon receipt of the criminal history record information for a person from the Federal Bureau of Investigation or the Division of State Police, the commissioner shall immediately notify, in writing, the applicant, and the applicant's employer if the applicant is conditionally employed as provided in subsection d. of this section or the applicant's prospective employer if known, or a certified [nurse aide or] personal care assistant who is required to undergo a criminal history record background check pursuant to section 2 of P.L.1997, c.100 (C.26:2H-83) and that person's employer, as applicable, of the person's qualification or disqualification for certification under sections 2 through 6 of P.L.1997, c.100 (C.26:2H-83 through 87). If the person is disqualified, the conviction or convictions which constitute the basis for the disqualification shall be identified in the notice to the person, but shall not be identified in the notice to the person's employer or prospective employer.

1 The person who is the subject of the background check shall 2 have 30 days from the date of the written notice of disqualification 3 to petition the commissioner for a hearing on the accuracy of the 4 person's criminal history record information or to establish the 5 person's rehabilitation under subsection b. of section 2 of P.L.1997, c.100 (C.26:2H-83). The commissioner shall notify the person's 6 7 employer or prospective employer of the person's petition for a 8 hearing within five days following the receipt of the petition from 9 the person. Upon the issuance of a final decision upon a petition to 10 the commissioner pursuant to this subsection, the commissioner 11 shall notify the person and the person's employer or prospective 12 employer as to whether the person remains disqualified from certification under sections 2 through 6 of P.L.1997, c.100 13 14 (C.26:2H-83 through 87).

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

d. An applicant for certification may be issued conditional certification and may be employed as [a nurse aide or] a personal care assistant conditionally for a period not to exceed 60 days, pending completion of a criminal history record background check required under sections 2 through 6 of P.L.1997, c.100 (C.26:2H-83 through 87) by the Division of State Police in the Department of Law and Public Safety based upon an examination of its own files in accordance with section 14 of P.L.1997, c.100 (C.53:1-20.9a), and for an additional period not to exceed 60 days pending completion of a criminal history record background check by federal authorities as arranged for by the Division of State Police pursuant to section 14 of P.L.1997, c.100 (C.53:1-20.9a), if the person submits to the commissioner a sworn statement attesting that the person has not been convicted of any crime or disorderly persons offense as described in section 2 of P.L.1997, c.100 (C.26:2H-83). A person who submits a false sworn statement shall be disqualified from certification as [a nurse aide or] a personal care assistant, as the case may be, and shall not have an opportunity to establish rehabilitation pursuant to subsection b. of section 2 of P.L.1997, c.100 (C.26:2H-83).

A conditionally employed person, or an employed person certified as **[**a nurse aide or **]** a personal care assistant, who disputes the accuracy of the criminal history record information and who files a petition requesting a hearing pursuant to subsection c. of this section may remain employed by that person's employer until the commissioner rules on the person's petition but, pending the commissioner's ruling, the employer shall not permit the person to have unsupervised contact with patients, residents, or clients, as the case may be, who are 60 years of age or older.

e. (1) A licensed health care facility or other entity that has received an application from or conditionally employs an applicant for [nurse aide or] personal care assistant certification, or employs a certified [nurse aide or] personal care assistant, and:

(a) receives notice from the Commissioner of Health that the 2 applicant or certified [nurse aide or] personal care assistant, as applicable, has been determined by the commissioner to be disqualified from certification as a [nurse aide or] personal care 4 5 assistant pursuant to sections 2 through 6 of P.L.1997, c.100 (C.26:2H-83 through 87); or 6

1

3

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36 37

38

39

40

41

42

43

44

45

(b) terminates its employment of a conditionally employed applicant for [nurse aide or] personal care assistant certification or a certified [nurse aide or] personal care assistant because the person was disqualified from employment at the health care facility or other entity on the basis of a conviction of a crime or disorderly persons offense as described in section 2 of P.L.1997, c.100 (C.26:2H-83) after commencing employment at the health care facility or other entity;

shall be immune from liability for disclosing that disqualification or termination in good faith to another licensed health care facility or other entity that is qualified by statute or regulation to employ the person as a [nurse aide or] personal care assistant.

- (2) A licensed health care facility or other entity which discloses information pursuant to paragraph (1) of this subsection shall be presumed to be acting in good faith unless it is shown by clear and convincing evidence that the health care facility or other entity acted with actual malice toward the person who is the subject of the information.
- f. (1) A licensed health care facility or other entity, upon receiving notice from the Commissioner of Health that a person employed by it as a [nurse aide or] personal care assistant, including a conditionally employed person, has been convicted of a crime or disorderly persons offense as described in section 2 of P.L.1997, c.100 (C.26:2H-83) after commencing employment at the health care facility or other entity, shall:
- (a) immediately terminate the person's employment as a **I**nurse aide or personal care assistant; and
 - (b) report information about the termination to the Commissioner of Health in a manner prescribed by commissioner, who shall thereupon deem the person to be disqualified from certification as a [nurse aide or] personal care assistant, subject to the provisions of paragraph (3) of this subsection.
 - (2) A licensed health care facility or other entity shall be immune from liability for any actions taken in good faith pursuant to paragraph (1) of this subsection and shall be presumed to be acting in good faith unless it is shown by clear and convincing evidence that the health care facility or other entity acted with actual malice toward the employee.
- 46 (3) The person terminated from employment pursuant to 47 paragraph (1) of this subsection shall have 30 days from the date of

1 the termination to petition the commissioner for a hearing on the 2 accuracy of the information about the conviction reported to the 3 commissioner or to establish why the person should not be 4 terminated from employment, and disqualified from certification, as a [nurse aide or] personal care assistant. The commissioner shall 5 notify the person's employer of the person's petition for a hearing 6 within five days following the receipt of the petition from the 7 8 person. Upon the issuance of a final decision upon a petition to the 9 commissioner pursuant to this paragraph, the commissioner shall 10 notify the person and the person's employer as to whether:

- (a) the person is to be reinstated in the person's employment as a [nurse aide or] personal care assistant and retain the person's certification; or
- (b) the person's termination from employment as a **I**nurse aide or personal care assistant stands and the person remains disqualified from certification.
- g. The commissioner shall provide for a registry of all persons who have successfully completed all training and competency evaluation requirements for certification as a [nurse aide or] personal care assistant and shall provide for the inclusion in the registry of information about the disqualification of any person from certification pursuant to sections 2 through 6 of P.L.1997, c.100 (C.26:2H-83 through 87); for which purposes, the commissioner may use an existing registry established pursuant to statute or regulation, subject to the requirements of federal law. The registry shall include the specific documented findings constituting the basis for that disqualification, except that the information shall indicate that the person was convicted of a crime or disorderly persons offense as described in section 2 of P.L.1997, c.100 (C.26:2H-83), but shall not identify the conviction or convictions which constitute the basis for the disqualification.

32 (cf: P.L.2012, c.17, s.241)

33 34

35

36

37

38

39

40 41

11

12 13

14

15 16

17 18

19

20

21 22

23

24

25

26

27

28

29

30

31

- 15. Section 4 of P.L.1997, c.100 (C.26:2H-85) is amended to read as follows:
- 4. The Department of Health shall assume the cost of the criminal history record background check conducted on an applicant for [nurse aide or] personal care assistant certification, or a certified [nurse aide or] personal care assistant, as the case may be, pursuant to sections 2 through 6 and section 14 of P.L.1997, c.100 (C.26:2H-83 through 87 and C.53:1-20.9a).

42

(cf: P.L.2012, c.17, s.242)

43 44

45

- 16. Section 1 of P.L.2002, c.104 (C.45:1-28) is amended to read as follows:
 - 1. As used in this act:

1 "Applicant" means an applicant for the licensure or other 2 authorization to engage in a health care profession.

"Board" means a professional and occupational licensing board
within the Division of Consumer Affairs in the Department of Law
and Public Safety.

"Director" means the Director of the Division of Consumer Affairs in the Department of Law and Public Safety.

"Division" means the Division of Consumer Affairs in the Department of Law and Public Safety.

10 "Health care professional" means a health care professional who 11 is licensed or otherwise authorized, pursuant to Title 45 or Title 52 12 of the Revised Statutes, to practice a health care profession that is 13 regulated by one of the following boards or by the Director of the the State Board of Medical 14 Division of Consumer Affairs: 15 Examiners, the New Jersey Board of Nursing, the New Jersey State 16 Board of Dentistry, the New Jersey State Board of Optometrists, the 17 New Jersey State Board of Pharmacy, the State Board of Chiropractic Examiners, the Acupuncture Examining Board, the 18 19 State Board of Physical Therapy, the State Board of Respiratory 20 Care, the Orthotics and Prosthetics Board of Examiners, the State Board of Psychological Examiners, the State Board of Social Work 21 22 Examiners, the State Board of Veterinary Medical Examiners, the 23 State Board of Examiners of Ophthalmic Dispensers and 24 Ophthalmic Technicians, the Audiology and Speech-Language 25

Pathology Advisory Committee, the State Board of Marriage and Family Therapy Examiners, the Occupational Therapy Advisory Council, the Certified Psychoanalysts Advisory Committee or the State Board of Polysomnography.

Health care professional shall not include a **[**nurse aide or **]** personal care assistant who is required to undergo a criminal history record background check pursuant to section 2 of P.L.1997, c.100 (C.26:2H-83) **[**or **]**, a homemaker-home health aide who is required to undergo a criminal history record background check pursuant to section 7 of P.L.1997, c.100 (C.45:11-24.3) or a certified nurse aide who is required to undergo a criminal history record background check pursuant to sections 19 and 20 of P.L. , c. (C.)

37 (pending before the Legislature as this bill).

38 "Licensee" means an individual who has been issued a license or 39 other authorization to practice a health care profession.

40 (cf: P.L.2005, c.244, s.17)

41

44

26

27

28

29

30

31

32

33

3435

36

6

7

8

9

- 42 17. Section 2 of P.L.1993, c.249 (C.52:27D-407) is amended to 43 read as follows:
 - 2. As used in this act:

"Abuse" means the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation of services which are necessary to maintain a person's physical and mental health. "Caretaker" means a person who has assumed the responsibility for the care of a vulnerable adult as a result of family relationship or who has assumed responsibility for the care of a vulnerable adult voluntarily, by contract, or by order of a court of competent jurisdiction, whether or not they reside together.

1

2

3

4

5

6 7

8

9

10

11

12

13 14

15

16

17

18

19

20

21

2223

24

25

26

27

28

29

30

"Commissioner" means the Commissioner of Human Services.

"Community setting" means a private residence or any noninstitutional setting in which a person may reside alone or with others, but shall not include residential health care facilities, rooming houses or boarding homes or any other facility or living arrangement subject to licensure by, operated by, or under contract with, a State department or agency.

"County adult protective services provider" means a county Board of Social Services or other public or nonprofit agency with experience as a New Jersey provider of protective services for adults, designated by the county and approved by the commissioner. The county adult protective services provider receives reports made pursuant to this act, maintains pertinent records and provides, arranges, or recommends protective services.

"County director" means the director of a county adult protective services provider.

"Department" means the Department of Human Services.

"Emergency medical technician" means a person trained in basic life support services as defined in section 1 of P.L.1985, c.351 (C.26:2K-21) and who is certified by the Department of Health to provide that level of care.

"Exploitation" means the act or process of illegally or improperly using a person or his resources for another person's profit or advantage.

"Firefighter" means a paid or volunteer firefighter.

31 "Health care professional" means a health care professional who 32 is licensed or otherwise authorized, pursuant to Title 45 or Title 52 33 of the Revised Statutes, to practice a health care profession that is 34 regulated by one of the following boards or by the Director of the Division of Consumer Affairs: the State Board of Medical 35 Examiners, the New Jersey Board of Nursing, the New Jersey State 36 37 Board of Dentistry, the New Jersey State Board of Optometrists, the New Jersey State Board of Pharmacy, the State Board of 38 39 Chiropractic Examiners, the Acupuncture Examining Board, the 40 State Board of Physical Therapy, the State Board of Respiratory 41 Care, the Orthotics and Prosthetics Board of Examiners, the State 42 Board of Psychological Examiners, the State Board of Social Work Examiners, the State Board of Examiners of Ophthalmic Dispensers 43 44 and Ophthalmic Technicians, the Audiology and Speech-Language 45 Pathology Advisory Committee, the State Board of Marriage and 46 Family Therapy Examiners, the Occupational Therapy Advisory 47 Council, the Certified Psychoanalysts Advisory Committee, and the State Board of Polysomnography. "Health care professional" also 48

1 means a [nurse aide or] personal care assistant who is certified by the Department of Health.

"Neglect" means an act or failure to act by a vulnerable adult or his caretaker which results in the inadequate provision of care or services necessary to maintain the physical and mental health of the vulnerable adult, and which places the vulnerable adult in a situation which can result in serious injury or which is lifethreatening.

"Protective services" means voluntary or court-ordered social, legal, financial, medical or psychiatric services necessary to safeguard a vulnerable adult's rights and resources, and to protect a vulnerable adult from abuse, neglect or exploitation. Protective services include, but are not limited to: evaluating the need for services, providing or arranging for appropriate services, obtaining financial benefits to which a person is entitled, and arranging for guardianship and other legal actions.

"Vulnerable adult" means a person 18 years of age or older who resides in a community setting and who, because of a physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his well-being and is the subject of abuse, neglect or exploitation. A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person's established religious tradition.

29 30 31

32

33

34

35

36 37

38

39

40

41

42

43

(cf: P.L.2012, c.17, c.424)

2

3 4

5

6

7 8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

18. Section 14 of P.L.1997, c.100 (C.53:1-20.9a) is amended to read as follows:

- 14. a. In accordance with the provisions of sections 2 through 6 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through 87 and C.45:11-24.3 through 24.9) and P.L.2002, c.104 (C.45:1-28 et al.), the Division of State Police in the Department of Law and Public Safety shall conduct a criminal history record background check, including a name and fingerprint identification check, of:
- (1) each applicant for [nurse aide or] personal care assistant certification submitted to the Department of Health [and Senior Services and of each applicant for homemaker-home health aide and <u>nurse aide</u> submitted to the New Jersey Board of Nursing in the Division of Consumer Affairs;
- 44 (2) each [nurse aide or] personal care assistant certified by the 45 Department of Health [and Senior Services] and each homemaker-46 home health aide and nurse aide certified by the New Jersey Board

1 of Nursing, as required pursuant to P.L.1997, c.100 (C.26:2H-83 et 2 al.); and

(3) each applicant for licensure or other authorization to engage 4 in a health care profession who is required to undergo a criminal history record background check pursuant to P.L.2002, c.104 (C.45:1-28 et al.).

7 b. For the purpose of conducting a criminal history record 8 background check pursuant to subsection a. of this section, the 9 Division of State Police shall examine its own files and arrange for 10 a similar examination by federal authorities. The division shall 11 immediately forward the information obtained as a result of 12 conducting the check to: the Commissioner of Health [and Senior 13 Services], in the case of an applicant for [nurse aide or] personal 14 care assistant certification or a certified [nurse aide or] personal 15 care assistant; the New Jersey Board of Nursing in the Division of 16 Consumer Affairs in the Department of Law and Public Safety, in 17 the case of an applicant for homemaker-home health aide or nurse 18 aide certification or a certified homemaker-home health aide or 19 nurse aide; and the Director of the Division of Consumer Affairs in 20 the Department of Law and Public Safety, in the case of an 21 applicant for licensure or other authorization to practice as a health 22 care professional as defined in section 1 of P.L.2002, c.104 (C.45:1-23 28).

24 (cf: P.L.2002, c.104, s.5)

25 26

27

28

29

30

31

32

33

34

35

36 37

38

39

40

41

42

43

44

45

46

47

48

3

5

6

19. (New section) a. The New Jersey Board of Nursing shall not issue a nurse aide certification to any applicant, except on a conditional basis as provided for in subsection d. of section 20 of (C.) (pending before the Legislature as this bill), unless the board first determines, consistent with the requirements of sections 19 through 22 of P.L., c. (C.) (pending before the Legislature as this bill), that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify that person from being certified.

In addition, a follow-up criminal history record background check of federal records shall be conducted at least once every two years as a condition of recertification for every certified nurse aide; except that the board, in lieu of conducting follow-up criminal history record background checks for purposes of recertification, may provide for an alternative means of determining whether a certified nurse aide has been convicted of a crime or disorderly persons offense which would disqualify that person from certification, including, but not limited to, a match of a person's Social Security number or other identifying information with records of criminal proceedings in this and other states. If the board elects to implement this alternative means of determining whether a

- 1 certified nurse aide has been convicted of a crime or disorderly
- 2 persons offense which would disqualify that person from
- 3 certification, the board shall report to the Governor and the
- 4 Legislature prior to its implementation on the projected costs and
- 5 procedures to be followed with respect to its implementation and
- 6 setting forth the rationale therefor.
 - A person shall be disqualified from certification if that person's criminal history record background check reveals a record of conviction of any of the following crimes and offenses:
- 10 (1) In New Jersey, any crime or disorderly persons offense:
- 11 (a) involving danger to the person, meaning those crimes and 12 disorderly persons offenses set forth in N.J.S.2C:11-1 et seq.,
- 13 N.J.S.2C:12-1 et seq., N.J.S.2C:13-1 et seq., N.J.S.2C:14-1 et seq.
- 14 or N.J.S.2C:15-1 et seq.; or
- 15 (b) against the family, children, or incompetents, meaning those 16 crimes and disorderly persons offenses set forth in N.J.S.2C:24-1 et
- 17 seq.; or

8

- 18 (c) involving theft as set forth in chapter 20 of Title 2C of the 19 New Jersey Statutes; or
- 20 (d) involving any controlled dangerous substance or controlled 21 substance analog as set forth in chapter 35 of Title 2C of the New
- 22 Jersey Statutes except paragraph (4) of subsection a. of
- 23 N.J.S.2C:35-10.
- 24 (2) In any other state or jurisdiction, of conduct which, if 25 committed in New Jersey, would constitute any of the crimes or 26 disorderly persons offenses described in paragraph (1) of this 27 subsection.
- b. Notwithstanding the provisions of subsection a. of this
- 29 section, no person shall be disqualified from certification on the
- 30 basis of any conviction disclosed by a criminal history record
- 31 background check performed pursuant to sections 19 through 22 of
- 32 P.L., c. (C.) (pending before the Legislature as this bill)
- 33 and section 14 of P.L.1997, c.100 (C.53:1-20.9a) if the person has
- 34 affirmatively demonstrated to the board clear and convincing
- 35 evidence of the person's rehabilitation. In determining whether a
- 36 person has affirmatively demonstrated rehabilitation, the following
- factors shall be considered:
- 38 (1) the nature and responsibility of the position which the 39 convicted person would hold, has held or currently holds, as the 40 case may be;
- 41 (2) the nature and seriousness of the offense;
- 42 (3) the circumstances under which the offense occurred;
- 43 (4) the date of the offense;
- 44 (5) the age of the person when the offense was committed;
- 45 (6) whether the offense was an isolated or repeated incident;
- 46 (7) any social conditions which may have contributed to the offense; and

- 1 (8) any evidence of rehabilitation, including good conduct in 2 prison or in the community, counseling or psychiatric treatment 3 received, acquisition of additional academic or vocational 4 schooling, successful participation in correctional work-release 5 programs, or the recommendation of those who have had the person 6 under their supervision.
 - c. If a person subject to the provisions of sections 19 through 22 of P.L., c. (C.) (pending before the Legislature as this bill) refuses to consent to, or cooperate in, the securing of a criminal history record background check, the board shall, as applicable:
 - (1) not issue a nurse aide certification and shall notify the applicant, and the applicant's employer if the applicant is conditionally employed as provided in subsection d. of section 20 of P.L., c. (C.) (pending before the Legislature as this bill) or the applicant's prospective employer if known, of that denial; or
 - (2) revoke the person's current nurse aide certification and notify the person, and the person's employer, if known, of that revocation.

192021

22

23

24

25

26

27

28

29

30

31

3233

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

7

8

9

10

11

12

13

14

15

16

17

- 20. (New section) a. An applicant for certification, or a certified nurse aide who is required to undergo a criminal history record background check pursuant to section P.L., c. (C.) (pending before the Legislature as this bill), shall submit to the board that individual's name, address, and fingerprints taken on standard fingerprint cards by a State or municipal law enforcement agency. The board is authorized to exchange fingerprint data with and receive criminal history record information from the Federal Bureau of Investigation and the Division of State Police for use in making the determinations required by sections 19 through 22 of P.L. (pending before the Legislature as this bill).
- Upon receipt of the criminal history record information for a person from the Federal Bureau of Investigation or the Division of State Police, the board shall immediately notify, in writing, the applicant, and the applicant's employer if the applicant is conditionally employed as provided in subsection d. of this section or the applicant's prospective employer if known, or a certified nurse aide who is required to undergo a criminal history record background check pursuant to section 19 of P.L. , c. (pending before the Legislature as this bill) and that person's employer, as applicable, of the person's qualification or disqualification for certification under sections 19 through 22 of) (pending before the Legislature as this bill). If P.L., c. (C. the person is disqualified, the conviction or convictions which constitute the basis for the disqualification shall be identified in the notice to the person, but shall not be identified in the notice to the person's employer or prospective employer.

1 The person who is the subject of the background check shall 2 have 30 days from the date of the written notice of disqualification 3 to petition the board for a hearing on the accuracy of the person's 4 criminal history record information or to establish the person's 5 rehabilitation under subsection b. of section P.L., c. (C.) (pending before the Legislature as this bill). 6 7 The board shall notify the person's employer or prospective 8 employer of the person's petition for a hearing within five days 9 following the receipt of the petition from the person. Upon the 10 issuance of a final decision upon a petition to the board pursuant to 11 this subsection, the board shall notify the person and the person's 12 employer or prospective employer as to whether the person remains disqualified from certification under sections 19 through 22 of 13 14 P.L., c. (C.) (pending before the Legislature).

15 d. An applicant for certification may be issued conditional 16 certification and may be employed as a nurse aide conditionally for 17 a period not to exceed 60 days, pending completion of a criminal 18 history record background check required under sections 19 through 19 22 of P.L., c. (C.) (pending before the Legislature) by the 20 Division of State Police in the Department of Law and Public 21 Safety based upon an examination of its own files in accordance 22 with section 14 of P.L.1997, c.100 (C.53:1-20.9a), and for an 23 additional period not to exceed 60 days pending completion of a 24 criminal history record background check by federal authorities as 25 arranged for by the Division of State Police pursuant to section 14 26 of P.L.1997, c.100 (C.53:1-20.9a), if the person submits to the 27 board a sworn statement attesting that the person has not been 28 convicted of any crime or disorderly persons offense as described in 29 section 19 of P.L., c. (C.) (pending before the Legislature 30 as this bill). A person who submits a false sworn statement shall be 31 disqualified from certification as a nurse aide, as the case may be, 32 and shall not have an opportunity to establish rehabilitation 33 pursuant to subsection b. of section 19 of P.L. (C. 34 (pending before the Legislature as this bill).

A conditionally employed person, or an employed person certified as a nurse aide, who disputes the accuracy of the criminal history record information and who files a petition requesting a hearing pursuant to subsection c. of this section may remain employed by that person's employer until the board rules on the person's petition but, pending the board's ruling, the employer shall not permit the person to have unsupervised contact with patients, residents, or clients, as the case may be, who are 60 years of age or older.

35

36

37

38 39

40

41

42

43

44

45

46

47

48

e. (1) A licensed health care facility or other entity that has received an application from or conditionally employs an applicant for nurse aide certification, or employs a certified nurse aide, shall be immune from liability for disclosing that disqualification or termination in good faith to another licensed health care facility or

other entity that is qualified by statute or regulation to employ the person as a nurse aide, provided that the licensed health care facility or other entity:

- (a) receives notice from the board that the applicant or certified nurse aide, as applicable, has been determined by the board to be disqualified from certification as a nurse aide pursuant to sections 19 through 22 of P.L. , c. (C.) (pending before the Legislature); or
- (b) terminates its employment of a conditionally employed applicant for nurse aide certification or a certified nurse aide because the person was disqualified from employment at the health care facility or other entity on the basis of a conviction of a crime or disorderly persons offense as described in section 19 of P.L., c. (C.) (pending before the Legislature as this bill) after commencing employment at the health care facility or other entity.
 - (2) A licensed health care facility or other entity which discloses information pursuant to paragraph (1) of this subsection shall be presumed to be acting in good faith unless it is shown by clear and convincing evidence that the health care facility or other entity acted with actual malice toward the person who is the subject of the information.
 - f. (1) A licensed health care facility or other entity, upon receiving notice from the board that a person employed by it as a nurse aide, including a conditionally employed person, has been convicted of a crime or disorderly persons offense as described in section 19 of P.L. , c. (C.) (pending before the Legislature as this bill) after commencing employment at the health care facility or other entity, shall:
 - (a) immediately terminate the person's employment as a nurse aide; and
 - (b) report information about the termination to the board in a manner prescribed by the board, who shall thereupon deem the person to be disqualified from certification as a nurse aide, subject to the provisions of paragraph (3) of this subsection.
 - (2) A licensed health care facility or other entity shall be immune from liability for any actions taken in good faith pursuant to paragraph (1) of this subsection and shall be presumed to be acting in good faith unless it is shown by clear and convincing evidence that the health care facility or other entity acted with actual malice toward the employee.
- (3) The person terminated from employment pursuant to paragraph (1) of this subsection shall have 30 days from the date of the termination to petition the board for a hearing on the accuracy of the information about the conviction reported to the board or to establish why the person should not be terminated from employment, and disqualified from certification, as a nurse aide. The board shall notify the person's employer of the person's petition

- for a hearing within five days following the receipt of the petition from the person. Upon the issuance of a final decision upon a petition to the board pursuant to this paragraph, the board shall notify the person and the person's employer as to whether:
 - (a) the person is to be reinstated in the person's employment as a nurse aide and retain the person's certification; or
 - (b) the person's termination from employment as a nurse aide stands and the person remains disqualified from certification.
- The board shall provide for a registry of all persons who 10 have successfully completed all training and competency evaluation requirements for certification as a nurse aide and shall provide for 11 12 inclusion in the registry of information about the 13 disqualification of any person from certification pursuant to 14 sections 19 through 22 of P.L. , c. (C.) (pending before the Legislature); for which purposes, the board may use an existing 15 16 registry established pursuant to statute or regulation, subject to the 17 requirements of federal law. The registry shall include the specific 18 documented findings constituting the basis for that disqualification, 19 except that the information shall indicate that the person was 20 convicted of a crime or disorderly persons offense as described in section 19 of P.L., c. (C. 21) (pending before the Legislature 22 as this bill), but shall not identify the conviction or convictions 23 which constitute the basis for the disqualification.

26

27

28

29

1

2

3

4

5

6

7

8

9

21. (New section) The Department of Law and Public Safety shall assume the cost of the criminal history record background check conducted on an applicant for nurse aide certification, or a certified nurse aide, as the case may be, pursuant to sections 19 through 22 of P.L. , c. (C.) (pending before the Legislature) and section 14 of P.L.1997, c.100 (C.53:1-20.9a).

30 31 32

33

34

22. (New section) Any person submitting a false sworn , c. (C. statement pursuant to section 20 of P.L.) (pending before the Legislature as this bill) shall be subject to a fine of not more than \$1,000, which may be assessed by the board.

35 36 37

38

39

40

41

42

43 44

45

46

- 23. (New section) An individual certified as a nurse aide by another state or territory of the United States may apply to have that certification entered on the registry established and maintained by the board pursuant to section 20 of P.L. , c. (C.) (pending before the Legislature as this bill), provided that:
- the board receives documentation from the other state or territory that the applicant holds a current, valid certification as a nurse aide in the state or territory;
- b. the applicant has not been convicted of any crimes and has no documented findings of abuse, neglect, or misappropriation of resident property in the other state or territory;

- 1 the applicant complies with the criminal history record 2 background check requirements set forth under sections 19 through 3 22 of P.L. , c. (C.) (pending before the Legislature as this 4 bill); and
- 5 d. (1) the applicant has completed within the preceding 24 6 months the amount of continuing education hours required by 7 regulation for a nurse aide; or
 - (2) the applicant has the equivalent of at least two years of full time employment in the other state or territory as a nurse aide and the most recent date of such employment is within the 24-month period immediately preceding the date of the application. board shall require an individual applying for a certification to be entered on the registry on the basis of work experience pursuant to this paragraph to complete any clinical skills competency examination and any written and oral competency examination the board may require pursuant to regulation, to verify the individual meets New Jersey's training and competency requirements.

20

21

22

23

24

25

26

27

28 29

30

31

32

33

34

35

36 37

38

39

40

41

42

43

44

45

47

8 9

10

11 12

13

14

15

16

24. (New section) a. As used in this section:

"Advanced practice nurse" means a person certified in accordance with the provisions of section 8 or 9 of P.L.1991, c.377 (C.45:11-47 or 45:11-48).

"Certified nurse midwife" means a midwife licensed by the State Board of Medical Examiners as a certified nurse midwife pursuant to the provisions of P.L.1991, c.97 (C.45:10-17 et al.).

"Physician" means a person licensed to practice medicine in New Jersey pursuant to R.S.45:9-1 et seq. or licensed to practice in any one of the United States or its territories, or the District of Columbia.

"Physician assistant" means a health professional who meets the qualifications under P.L.1991, c.378 (C.45:9-27.10 et seq.) and holds a current, valid license issued pursuant to section 4 of P.L.1991, c.378 (C.45:9-27.13).

"Preceptor" means an individual who is an advanced practice nurse, certified nurse midwife, certified registered nurse anesthetist, physician, physician assistant, or psychologist, who meets the qualifications for precepting under the rules and regulations of the New Jersey Board of Nursing, and who participates in the instructional training of advanced practice nurse, certified nurse midwife, or certified registered nurse anesthetist students.

"Preceptorship program" means an organized system of clinical experience that, for the purpose of attaining specified learning objectives, pairs a student enrolled in a nursing education program that is recognized by the New Jersey Board of Nursing with a preceptor.

46 "Psychologist" means a person who is licensed as a psychologist by the New Jersey Board of Psychological Examiners.

- b. A preceptor shall be allowed a credit against the tax otherwise due for the taxable year under the "New Jersey Gross Income Tax Act," N.J.S.54A:1-1 et seq., in an amount equal to \$1,000 for each advanced practice nurse, certified nurse midwife, or certified registered nurse anesthetist student supervised by the preceptor, during the taxable year, as part of a preceptorship program. The preceptor shall be the primary supervisor of the student for at least 100 clinical hours during the taxable year in order to be eligible for the tax credit allowed pursuant to this section.
 - c. (1) A faculty of record from an accredited school of nursing in New Jersey, or the faculty of record's designee, shall certify the number of students supervised by the preceptor during the taxable year who may be included in the calculation of the tax credit allowed pursuant to this section.
 - (2) The certification form shall include the name of the preceptor, information identifying the school of record and the faculty of record, or the faculty of record's designee, and the number of hours and names of the students whom the preceptor supervised.
 - d. The certification form shall be submitted by the preceptor to the Division of Taxation in the Department of the Treasury for approval by the January 31 next following the completion of the applicable taxable year. The director shall approve all forms that qualify for a tax credit pursuant to this section on a first-come, first-served basis, and notify the preceptor within 45 days of receipt of the preceptor's application of its approval or denial. The value of tax credits approved under this section shall not exceed a cumulative total of \$10 million annually.
 - e. The director shall prescribe the order of priority of the application of the tax credit allowed under this section and any other tax credits allowed by law against the tax otherwise due for the taxable year under N.J.S.54A:1-1 et seq. The amount of the tax credit applied under this section against the tax imposed under N.J.S.54A:1-1 et seq. for the taxable year, together with any other tax credits allowed by law, shall not reduce the tax liability to an amount less than zero, and any unused amount of the tax credit may not be carried forward to any other taxable year.

25. Section 1 of P.L.2019, c.18 (C.26:2H-87.1) is repealed.

- 26. (New section) a. The New Jersey Economic Development Authority, the New Jersey Board of Nursing, and the Department of Health shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as shall be necessary to implement the provisions of this act.
- b. Notwithstanding any provision of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to the

S2825 VITALE, MADDEN

contrary, the Director of the Division of Taxation in the Department of the Treasury is authorized to adopt immediately upon filing with the Office of Administrative Law such rules and regulations as are necessary to implement the provisions of section 24 of this act. The rules and regulations adopted pursuant to this subsection shall be effective for a period not to exceed 18 months following the date of filing and may thereafter be amended, adopted, or readopted by the director in accordance with the requirements of P.L.1968, c.410 (C.52:14B-1 et seq.).

- 27. a. There is appropriated from the General Fund to the New Jersey Collaborating Center for Nursing the sum of \$500,000 to effectuate the provisions of sections 1 through 4 of this act.
- b. There is appropriated from the General Fund to the New Jersey Economic Development Authority the sum of \$25,000,000 to effectuate the purposes of section 8 of this act. The authority shall issue grants in the amount of \$24,500,000 and shall expend no more than \$500,000 for the administrative costs of the program.
- c. There is appropriated from the General Fund to the New Jersey Nursing Emotional Well-Being Institute in the New Jersey Collaborating Center for Nursing the sum of \$1,200,000 for the purpose of implementing the provisions of sections 9 and 10 of this act. Of this amount, the New Jersey Nursing Emotional Well-Being Institute shall use \$300,000 to support the nurse-to-nurse peer support helpline established pursuant to section 10 of this act.

28. This act shall take effect immediately, except that sections 1 through 4 of this act shall take effect on the first day of the 10th month next following enactment, section 7 of this act shall take effect on the first day of the seventh month next following enactment, section 11 of this act shall remain inoperative until the first July 1 that is at least four months after the date of enactment, and sections 12 through 23 and section 25 of this act shall take effect on the first day of the 19th month next following enactment. The New Jersey Department of Health and New Jersey Board of Nursing may take such anticipatory administrative action in advance of the effective dates of sections 12 through 23 and section 25 of this act as shall be necessary for implementation of this act. Section 24 of this act shall apply to taxable years beginning on or after the date of enactment.

STATEMENT

This bill implements certain measures to support nurses and the nursing workforce, and transfers oversight over certified nurse aides (CNAs) from the Department of Health (DOH) to the New Jersey Board of Nursing, effective on the first day of the 19th month next

S2825 VITALE, MADDEN

following the enactment of this bill. Specifically, the bill establishes requirements for the New Jersey Collaborating Center for Nursing (NJCCN) to develop new graduate nursing residency programs; increases State funding for the NJCCN; requires hospitals to establish Nurse Workplace Environment and Staffing Councils; establishes a Nursing School Expansion Grant Program; requires the New Jersey Nursing Emotional Well-Being Institute (NJ-NEW) to establish a program of services and a peer support helpline to promote the mental health and emotional well-being of nurses and their families; establishes annual survey requirements for nurses, homemaker-home health aides (HHAs) and CNAs, as well as for schools that offer nurse training programs and HHA and CNA training programs; and establishes a gross income tax credit for preceptors of certain nursing students.

Graduate Nursing Residency Programs

This bill establishes a program through which facilities for acute care, long-term care, public health, ambulatory care, home care and hospice providers, and other qualifying facilities or providers may apply to receive financial, material and technical support from the New Jersey Collaborating Center for Nursing ("NJCCN") to implement a residency program for licensed practical nurses and registered professional nurses, or one of these professions. To manage the operations of the program, the bill appropriates \$500,000 to NJCCN.

The NJCCN is to appoint an advisory committee of stakeholders for consultation to effectuate the purposes of the bill. Among the stakeholders to be appointed are two NJCCN representatives; one representative of the New Jersey Board of Nursing who is either a licensed practical nurse or a registered professional nurse; one licensed practical nurse or registered professional nurse representing a unionized facility; representatives of various health care facility and provider associations; and two representatives of different academic nursing programs. The bill grants authority to the NJCCN to adjust membership of the advisory committee upon periodic review of the needs of residency programs for licensed practical nurses and registered professional nurses.

The NJCCN is to consult with the advisory committee to 1) establish and update, as necessary, requirements for a residency program and 2) establish criteria for eligibility of facilities and providers to participate in the program created in accordance with the bill. Requirements for a residency program are to include, at a minimum: 1) a 12-month timeline for a residency; 2) a full-time schedule for residents; 3) support for residents by a preceptor or mentor; and 4) collection of data by the facility or provider to send to the NJCCN regarding the number of individuals who completed a residency program with the facility or provider and remained at the

facility or with the provider after residency completion for full-time employment.

To participate in the NJCCN program, facilities and providers are to file an application that includes information on number of spots to be offered in the facility or provider's residency program; 2) the type of facility or provider seeking approval; and 3) whether the facility or provider's residency program is newly established or being updated. Approval of an application will be made on a first-come, first-serve basis, with priority given to longterm care facilities and home care providers. Upon approval of an application, the New Jersey Board of Nursing will provide funding to the NJCCN to offer the financial, material and technical support to the approved facility or provider, in an amount determined based on various criteria, including, but not limited to, the information submitted in the application on the number of spots in a residency program, the type of facility, and if the residency program is new or being updated. The bill directs that at no time is the New Jersey Board of Nursing to allocate an amount exceeding \$4 million annually to the NJCCN for the financial, material and technical support to facilities and providers participating in the program created in the bill.

Lastly, a biannual report currently required of the NJCCN to submit to the Governor and Legislature is to now include various data on the residency programs established for licensed practical nurses and registered professional nurses.

New Jersey Collaborating Center for Nursing Funding

272829

3031

32

33

34

35

36

1

2

3

4

5

6 7

8

9

10

11 12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

The bill amends current law to provide that an amount equal to at least \$515,000 of the initial and renewal licensing fees charged by the New Jersey Board of Nursing for professional and practical nurses is dedicated to funding, and annually appropriated to, the NJCCN. Under current law, five percent of the initial and renewal licensing fees charged by the board are dedicated to funding, and annually appropriated to, the NJCCN. Under this bill, the NJCCN will annually receive five percent, or \$515,000, whichever amount is greater.

373839

Nurse Workplace Environment and Staffing Council Program

40 41

42

43

44

45

The bill requires the Department of Health to require each hospital in this State, as a condition of licensure, to establish a Nurse Workplace Environment and Staffing Council, either by establishing a new council or assigning the functions of the council to a similar existing entity within the hospital.

Each council will serve the purpose of:

- (1) providing nurses with representation on matters concerning the establishment of healthy work environments and human resource allocation;
 - (2) creating a forum of participatory leadership; and

supporting the equal participation of nurses and hospital management in hospital decisions affecting nurses. requires that at least 51 percent of the members of each council will be registered nurses that spend at least 50 percent of work time in direct patient care. Each council will contain a sufficient amount of members to provide adequate representation of all the nurses working in the hospital. Each council will have a Chief Nursing Officer and a direct care nurse who will serve as the co-chairs of the council. The selection of the registered nurses will be according to the collective bargaining agreement, if there is one in effect at the hospital. If there is no applicable collective bargaining agreement, the members of the council who are registered nurses will be selected by their peers. The members of the council who are hospital administrative staff will be appointed by each council's Chief Nursing Officer.

Participation in the council by a hospital employee will be on scheduled work time and compensated at the appropriate rate of pay. Council members will be relieved of all other work duties during meetings of the council. Each council member will be required to complete the curriculum provided by the Organization of Nurse Leaders of New Jersey Nursing Workplace Environment Commission program or a similar process defined in a collective bargaining agreement.

Each council will develop an annual plan concerning nurse staffing and the creation of a positive work environment for nurses within the hospital. The plan will be based on the needs of patients and be used as a primary component of the staffing budget. Each council will provide the annual plan to the Chief Nursing Officer for budget planning.

The plan will:

- (a) not diminish other standards contained in State or federal law and rules, or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff; and
- (b) provide for exemptions for some or all requirements of the plan during a state of emergency, as defined in section 23 of P.L.2011, c.19 (C.5:12-45.3), if the hospital is requested or expected to provide an exceptional level of emergency or other medical services.
- The Department of Health will be responsible for ensuring that each council is in compliance and will review the plan as necessary.

Nursing Education Program Grants

The bill establishes the Nursing School Expansion Grant Program, which will be administered by the New Jersey Economic Development Authority. Under the bill, the program will provide grants to eligible nursing education programs in the State to increase their capacity and improve the supply of the nursing workforce. The bill also appropriates \$25 million from the General Fund to the authority for the bill's purposes.

Under the bill, an eligible nursing education program may submit an application for grant funding through the program to the Chief Executive Officer. An application is required to include information and data, in such form and in such manner as is required by the Chief Executive Officer, on:

- (1) the enrollment and graduation rates for the three academic years preceding the date of the application;
- (2) the projected plan to increase enrollment and graduation targets;
- (3) the demographic profile of current students, faculty, and staff and specific plans to increase the diversity of the nursing workforce;
- (4) any plans for faculty expansions in order to meet the needs of an increased student body;
- (5) any partnerships, connections, or pathways between licensed practical nursing programs, diploma or certificate programs, associate's degree programs, baccalaureate degree programs, and graduate level programs in nursing and nursing education;
- (6) student pass rates for examinations administered by the National Council of State Boards of Nursing; and
- (7) such other information as the Chief Executive Officer may require.

The bill directs the Chief Executive Officer, in consultation with the New Jersey Collaborating Center for Nursing, to develop criteria for the evaluation of applications for grants. Based upon the criteria developed, and within the limit of available appropriations, the Chief Executive Officer will award grants to eligible nursing education programs in such amounts as the officer determines.

The bill directs the authority to issue grants in the amount of \$24,500,000 and provides that no more than \$500,000 may be expended by the authority for the administrative costs of the program.

Nurse Emotional Well-Being and Mental Health Support

 The bill requires the New Jersey Nursing Emotional Well-Being Institute (NJ-NEW) in the NJCCN to establish a program of services designed to promote the mental health and emotional well-

being of nurses, as well as to provide a nurse-to-nurse peer support
helpline.

Specifically, NJ-NEW will be required to establish a program of services designed to promote the mental health and well-being of nurses licensed in New Jersey and their families and prevent the psychological and physical sequelae of stress. At a minimum, the program will:

- (1) encourage all health care facilities in the State that employ nurses to access the NJ-NEW Schwartz Rounds program;
- (2) work to make virtual Schwartz rounds available to all nurses in the State on at least a monthly basis;
- (3) coordinate with nursing associations, mental health associations, and community organizations to facilitate a Statewide NJ-NEW well-being hub, which will comprise learning collaboratives that offer strategies to prevent work-related stress from causing physical and emotional symptoms, provide educational resources, and provide consultation services for health care organizations in New Jersey to promote emotional well-being for nurses and their families;
- (4) provide stress first aid training or establish partnerships with stress first aid training providers to support health care organizations in promoting emotional well-being and resiliency for nurses and their families;
- (5) establish an online repository of Statewide emotional wellbeing and mental health resources and referrals for nurses and their families; and
- (6) establish any other evidence-based initiatives that meet the ongoing emotional well-being and mental health needs of nurses and their families.

The bill additionally requires NJ-NEW and the University Behavioral HealthCare of Rutgers, the State University of New Jersey, or another entity, to provide a toll-free nurse-to-nurse peer support helpline, or a similar helpline. The helpline is to be accessible 24 hours a day, seven days per week, and respond to calls from nurses and their family members. The staff of the helpline will provide counselling and support to callers, seek to identify the nurses and their family members who should be referred for further support and counseling services, and provide informational resources. The helpline is to partner with the Statewide NJ-NEW well-being hub established under the bill to provide callers with resources and skill sets to prevent situations that cause stress and the psychological and physical sequelae of stress.

The operators of the helpline are to be trained by University Behavioral Healthcare of Rutgers, the State University of New Jersey and, to the greatest extent possible, be current or former nurses who are:

- (1) familiar with post-traumatic stress disorder and the emotional and psychological tensions, depressions, and anxieties unique to nurses and their family members; or
- (2) trained to provide counseling services involving marriage and family life, substance abuse, personal stress management, and other emotional or psychological disorders or conditions which may be likely to adversely affect the personal and profession-related well-being of nurses and their family members.

NJ-NEW and University Behavioral HealthCare of Rutgers, the State University of New Jersey, or another entity, are to provide for the confidentiality of the names of the callers, the information discussed, and any referrals for further peer support or counseling; provided, however, that NJ-NEW and Rutgers, the State University of New Jersey, or another entity, may establish guidelines providing for the tracking of any person who exhibits a severe emotional or psychological disorder or condition which the operator handling the call reasonably believes might result in harm to the nurse, family member, or any other person.

University Behavioral HealthCare of Rutgers, the State University of New Jersey, or another entity, will maintain a list of credentialed resources and behavioral health care providers throughout the State, and provide case management services to ensure that nurses and their family members receive ongoing counseling and a continuum of care in New Jersey. The continuum of services will be required to utilize applicable State and federal guidelines while providing ongoing peer support.

The bill appropriates from the General Fund to NJ-NEW the sum of \$1,200,000 for the purpose of implementing the provisions of the bill. Of this amount, NJ-NEW will be required to use \$300,000 to support the nurse-to-nurse peer support helpline. The bill directs that there be annually appropriated to NJ-NEW from the General Fund such sums as are sufficient to support the operations of NJ-NEW and the initiatives undertaken by NJ-NEW pursuant to the bill.

Workforce and Training Program Survey Requirements

The bill codifies certain existing surveys for nurses and creates new surveys for homemaker-home health aides (HHAs) and CNAs, as well as for schools that offer nurse training programs and HHA and CNA training programs.

Specifically, the survey for nurses, HHAs, and CNAs will solicit information concerning: 1) the person's licensure or certification status; 2) the person's demographic information, including age, race, ethnicity, and gender; 3) the person's educational background; 4) the person's employment status; 5) the person's primary employment setting; 6) the type of position held by the person; and any other information as may be required. Nurses will additionally

- 1 be asked whether the nurse is licensed under the multistate Nurse
- 2 Licensure Compact and whether, during the course of the prior year,
- 3 the nurse provided professional services in other states under the
- 4 compact. The survey is to be completed by the professional in
- 5 connection with the professional's initial licensure or certification
- 6 and in connection with the renewal of the professional's license or

7 certification.

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

3233

34

35

36

37

38

39

40

41

42

43

44

45

46

47

The survey for schools that offer training programs for nurses will include programs that offer a diploma, an associate's degree, a baccalaureate degree, or an advanced degree in nursing, as well as licensed practical nurse training programs.

The nurse training program survey and the surveys for HHA and CNA training programs will solicit the following information: 1) the number of applicants rejected by the school or program; 2) the total number of available slots at the school or program; 3) the total number of qualified candidates who applied to the school or program; 4) the total number of current enrollees in the school or program; 5) graduation rates from the school or program; 6) in the case of nursing schools, pass rates for program graduates for the Council Licensure Examination; 7) demographic National information concerning current students and faculty, including data concerning age, race, ethnicity, and gender; 8) faculty vacancy rates; 9) the total number of faculty employed; 10) the educational background of faculty members; and 11) such other information as may be required. The survey is to be completed by the school or training program no later than July 1 of each year.

The New Jersey Board of Nursing and the DOH will be required to develop and annually review the surveys required under the bill in collaboration with the New Jersey Collaborating Center for Nursing (NJCCN) until oversight of CNAs transfers to the New Jersey Board of Nursing pursuant to the bill on the first day of the 19th month next following the enactment of the bill; thereafter, the New Jersey Board of Nursing will develop and review all the surveys required under the bill.

The New Jersey Board of Nursing will ensure compliance with the nurse and HHA survey requirements and, following transfer of oversight of CNAs from the DOH, CNAs and CNA training program survey requirements. Until oversight of CNAs transfers to the New Jersey Board of Nursing, the DOH will ensure compliance with CNA and CNA training program survey requirements. The NJCCN and New Jersey Board of Nursing will ensure compliance with the survey requirements for schools with nurse training programs and HHA training programs and, following transfer of oversight over CNAs from the DOH, CNA training programs. The New Jersey Board of Nursing and DOH will each be required to take appropriate disciplinary action against entities within their respective jurisdictions that fail to complete the survey. A survey

S2825 VITALE, MADDEN

will not be deemed complete unless all survey questions are answered.

The New Jersey Board of Nursing will transmit de-identified nurse and HHA survey data, and following transfer of oversight of CNAs from the DOH, CNA survey data, to the NJCCN, which will analyze the data and produce an annual aggregate report. The NJCCN will additionally analyze and produce an annual aggregate report of nursing school and HHA training program survey data, as well as CNA training program survey data following transfer of oversight of CNAs from the DOH. Until oversight of CNAs is transferred to the New Jersey Board of Nursing, the DOH will be required to analyze CNA and CNA training program survey data and produce an annual aggregate report; however, the department will be authorized to contract with the NJCCN to analyze the data and produce the report, the costs of which will be offset by the department furnishing the NJCCN with five percent of CNA licensure fees collected for the current reporting period.

The reports of survey data for nurses, HHAs, schools that offer training programs for nurses, and HHA training programs will be made available on the Internet websites of the New Jersey Board of Nursing and the NJCCN. The CNA and CNA training program reports will be made available on the Internet websites of the DOH and the NJCCN until transfer of oversight over CNAs transfers to the New Jersey Board of Nursing, at which point CNA and CNA training program reports will be made available on the Internet websites of the New Jersey Board of Nursing and the NJCCN.

Transferring Oversight of CNAs to New Jersey Board of Nursing

This bill modifies current law governing CNAs by transferring the regulation of CNAs from the New Jersey Department of Health to the New Jersey Board of Nursing, which is part of the Division of Consumer Affairs in the Department of Law and Public Safety. Under the bill, references to CNAs in the law currently governing the profession and references to CNAs in law attributing the oversight of CNAs to the Department of Health are removed and substantively identical language on the regulation of CNAs is added under the law governing the New Jersey Board of Nursing or is added to provisions attributing CNA oversight to the board. The board is authorized under the bill to promulgate regulations to effectuate the purposes of the bill.

Preceptor Tax Credit Program

The bill establishes a gross income tax credit for preceptors of advanced practice nursing, certified nurse midwife, or certified registered nurse anesthetist students. The tax credit would be equal to \$1,000 per student primarily supervised by the preceptor. The

S2825 VITALE, MADDEN

42

1 preceptor is required to supervise the student for at least 100 clinical hours during the taxable year to be eligible for the credit. 2 3 The tax credit program is limited to \$10 million annually, and the 4 tax credits awarded under the program are non-refundable and may

5

not be carried forward. 6 As defined in the bill, a preceptor is an individual who is an 7 advanced practice nurse, physician, physician assistant, or 8 psychologist, who meets the qualifications for precepting under the 9 rules and regulations of the New Jersey Board of Nursing, and who participates in the instructional training of advanced practice 10 nursing, certified nurse midwife, or certified registered nurse 11 12 anesthetist students.