ASSEMBLY, No. 1875

STATE OF NEW JERSEY

221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

Sponsored by:
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District 7 (Burlington)
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SYNOPSIS

Consolidates and makes technical updates to certain definitions used in Title 26 of the Revised Statutes.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee with technical review.

(Sponsorship Updated As Of: 6/3/2024)

AN ACT concerning Title 26 of the Revised Statutes, amending various parts of the statutory law, and repealing R.S.26:1-1.

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

1. Section 1 of P.L.1947, c.177 (C.26:1A-1) is amended to read as follows:

1. As used in this **[**act**]** Title, unless otherwise specifically indicated**[**,

"State Department," "Department of Health" and "department" mean the State Department of Health;**]**:

"Adult" means an individual who has reached majority pursuant to section 3 of P.L.1972, c.81 (C.9:17B-3).

"Alzheimer's disease and related disorders" means a form of dementia characterized by a general loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning.

"Birthing facility" means an inpatient or ambulatory health care facility licensed by the Department of Health that provides birthing and newborn care services.

"Contagious disease" means an infectious disease that can be transmitted from person to person.

"Commissioner" or "director" means the **[**State**]** Commissioner of Health, who is the chief administrative officer of the State Department of Health**[**;**]**.

"Council" means the Public Health Council in the **[**State**]** Department of Health**[**;**]**.

"Department," "State Department of Health," and "State Department" means the Department of Health.

"Division" means one of the divisions in the **[**State**]** Department of Health**[**;**]**.

"Division director" means the director of one of the divisions in the **[**State**]** Department of Health**[**;**]**.

"Hospital" means a general acute care hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Local board" or "local board of health" means the board of health of any municipality or the boards, bodies or officers in such municipality lawfully exercising any of the powers of a local board of health under the laws governing such municipality.

"Local health agency" means any county, regional, municipal, or other governmental agency organized for the purpose of providing health services, administered by a full-time health officer and conducting a public health program pursuant to law.

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

Matter underlined thus is new matter.

"Local registrar" or "registrar" means the local registrar of vital statistics.

"Long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Medicaid" means the New Jersey Medical Assistance and Health Services Program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

"Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L. 89-97, as then constituted or later amended (42 U.S.C. s.1395 et seq.).

"Person" means a natural person, partnership, association, agency, corporation, organization, institution, agency, trusts, or similar entity.

"State" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States.

"State registrar" means the State Registrar of Vital Statistics.

"Substance use disorder" means a disorder defined to be consistent with generally recognized independent standards of current medical practice referenced in the most current version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

"Vital records" means the birth, death, fetal death, marriage, civil union, and domestic partnership records from which vital statistics are produced.

"Vital statistics" means statistics concerning births, deaths, fetal deaths, marriages, civil unions, and domestic partnerships established pursuant to P.L.2003, c.246, (C.26:8A-1 et al.).

(cf: P.L.1951, c.69, s.66)

2. Section 4 of P.L.1972, c.193 (C.26:2-96) is amended to read as follows:

4. For the purposes of **[**this act**]** P.L.1972, c.193 (C.26:2-93 et seq.):

[a.**]** "Child" means any person under 21 years of age.

[b.**]** "Terminal illness" means an illness for which there is no known cure and which ultimately ends in death, and which has been certified as such by two physicians licensed to practice medicine and surgery.

[c. "Department" means the State Department of Health.

d. "Commissioner" means the State Commissioner of Health.**]**

(cf: P.L.1972, c.193, s.4)

3. Section 2 of P.L.2001, c.373 (C.26:2-103.2) is amended to read as follows:

2. As used in **[**this act**]** P.L.2001, c.373 (C.26:2-103.1 et al.):

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Electrophysiologic screening measures" means the electrical result of the application of physiologic agents and includes, but is not limited to, the procedures currently known as Auditory Brainstem Response testing (ABR) and Otoacoustic Emissions testing (OAE) and any other procedure adopted by regulation by the commissioner.

"Hearing loss" means a hearing loss of 30dB or greater in the frequency region important for speech recognition and comprehension in one or both ears, which is approximately 500 through 4000 Hz., except that the commissioner may adopt a standard which establishes a less severe hearing loss, as appropriate.

"Newborn" means a child up to 28 days old.

"Parent" means a biological parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

(cf: P.L.2012, c.17, s.112)

4. Section 4 of P.L.2007, c.218 (C.26:2-111.2) is amended to read as follows:

4. a. The Commissioner of Health shall require each birthing facility in the State to administer to a newborn in its care a test for human immunodeficiency virus (HIV) if the HIV status of the mother of the newborn is unknown.

A newborn shall not be denied testing for HIV on the basis of the newborn's economic status.

b. The commissioner shall establish a comprehensive program for the follow-up testing of newborns who test positive for HIV pursuant to subsection a. of this section or whose mother is HIV-positive, which shall include, but not be limited to, procedures for the administration of HIV testing, counseling of the newborn's mother, tracking the newborn, disclosure of HIV test results to the mother, facility compliance reviews, and educational activities related to the HIV testing.

c. The provisions of this section shall not apply to a newborn whose parents object to the test as being in conflict with their religious tenets and practices. The parents shall provide the health care facility with a written statement of the objection, and the statement shall be included in the newborn's medical record.

d. **[**As used in this section, "birthing facility" means an inpatient or ambulatory health care facility licensed by the Department of Health that provides birthing and newborn care services.**]** (deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)

e. The Commissioner of Health shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to carry out the purposes of this section.
(cf: P.L.2012, c.17, s.118)

5. Section 2 of P.L.2011, c.74 (C.26:2-111.4) is amended to read as follows:

2. a. The Commissioner of Health shall require each birthing facility licensed by the Department of Health to perform a pulse oximetry screening, a minimum of 24 hours after birth, on every newborn in its care.

b. **[**As used in this section, "birthing facility" means an inpatient or ambulatory health care facility licensed by the Department of Health that provides birthing and newborn care services.**]** (deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)

c. The commissioner shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to carry out the purposes of this act.
(cf: P.L.2012, c.17, s.119)

6. Section 2 of P.L.1982, c.177 (C.26:2-120) is amended to read as follows:

2. As used in **[**this act:

a. “Commissioner” means the Commissioner of the Department of Health;

b. “Program”**]** P.L.1982, c.177 (C.26:2-119 et seq.), “program” means the poison control and drug information program established by the commissioner.
(cf: P.L.1982, c.177, s.2)

7. Section 2 of P.L.1985, c.5 (C.26:2-125) is amended to read as follows:

2. As used in **[**this act:

a. “Commissioner” means the Commissioner of the Department of Health;

b. “Department” means the State Department of Health;

c. “Program”**]** P.L.1985, c.5 (C.26:2-124 et seq.), “program” means the hypertension control program established by the commissioner.
(cf: P.L.1985, c.5, s.2)

8. Section 2 of P.L.1985, c.84 (C.26:2-131) is amended to read as follows:

2. As used in **[**this act**]** P.L.1985, c.84 (C.26:2-130 et seq.):

"Child" means a person one through five years of age.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Lead poisoning" means the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child's premature death.

(cf: P.L.2017, c.7, s.1)

9. Section 2 of P.L.1995, c.328 (C.26:2-137.3) is amended to read as follows:

2. As used in **[**this act**]** P.L.1995, c.328 (C.26:2-137.2 et al.):

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Elevated blood lead level" means a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent recommendations from the federal Centers for Disease Control and Prevention, and that necessitates the undertaking of responsive action.

"Lead poisoning" means the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child's premature death.

"Lead screening" means the application of a detection technique to measure a child's blood lead level and determine the extent of a child's recent exposure to lead.

(cf: P.L.2017, c.7, s.4)

10. Section 2 of P.L.1987, c.10 (C.26:2-139) is amended to read as follows:

2. As used in **[**this act:

a. "Commissioner" means the Commissioner of the State Department of Health;

b. "Department" means the State Department of Health;

c. "Program"**]** P.L.1987, c.10 (C.26:2-138 et seq.), "program" means the Diabetes Control Program established by the commissioner.

(cf: P.L.1987, c.10, s.2)

11. Section 2 of P.L.1963, c.33 (C.26:2A-3) is amended to read as follows:

2. For the purposes of **[**this act**]** P.L.1963, c.33 (C.26:2A-2 et seq.), unless otherwise required by the context:

[(a)**]** "Act" means **[**this act**]** P.L.1963, c.33 (C.26:2A-2 et seq.) and any rule or regulation adopted hereunder**[**:**]**.

[(b) "Person" means a natural person, partnership, association, corporation, institution, agency, or other similar type entity;

(c)**]** "Blood" means human blood or human plasma.

[(d)**]** "Blood bank" means any commercial or noncommercial activity involving the handling of blood or plasma, intended to be used for therapeutic or prophylactic purposes, which participates in any of the following operations: collection, processing, storage or distribution of blood**[**;**]**.

[(e)**]** "Collection" means the obtaining of blood by the bleeding of donors**[**;**]**.

"Commissioner" means the Commissioner of Health or the commissioner's duly authorized agent.

"Distribution" means the removal of blood from a blood bank to any other location for processing or storage or for the purpose of providing the blood for therapeutic or prophylactic purposes.

"Licensee" means a person holding a license under the provisions of P.L.1963, c.33 (C.26:2A-2 et seq.).

[(f)**]** "Processing" means the technical stages required to prepare and identify the blood as to its suitability.

[(g)**]** "Storage" means the holding of blood in connection with collection or processing prior to distribution or transfusion**[**;

(h) "Distribution" means the removal of blood from a blood bank to any other location for processing or storage or for the purpose of providing the blood for therapeutic or prophylactic purposes.

(i) "Licensee" means a person holding a license under the provisions of this act.

(j) "Commissioner" means the Commissioner of the State Department of Health or his duly authorized agent.

(k) "Department" means the State Department of Health**]**.

(cf: P.L.1963, c.33, s.2)

12. Section 1 of P.L.2017, c.247 (C.26:2A-17) is amended to read as follows:

1. For the purposes of **[**this act**]** P.L.2017, c.247 (C.26:2A-17) et seq.):

"Collection" means the obtaining of donated human breast milk.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Distribution" means the removal of donated human breast milk from a human milk bank to any other location for processing or storage or for the purpose of providing breast milk to a hospital or selling breast milk to a parent.

"Human milk bank" means an organized service that provides for the selection of a donor of human breast milk, the collection, processing, storage, and marketing of donated human breast milk, and the distribution of donated human breast milk to a hospital for

use by low birth weight babies or new mothers with delayed lactation, or directly to a parent, with a physician's prescription order, who is unable to nurse, or is in need of additional breast milk to feed, the parent's child.

"Marketing" means the use of suitable media to advertise the availability of, promote the appropriate use of, and provide information on how to safely procure, donated human breast milk.

["Person" means a person, partnership, association, agency, organization, or other similar entity.**]**

"Processing" means the technical stages required to prepare and identify donated human breast milk as to its suitability.

"Storage" means the holding of donated human breast milk in connection with collection or processing prior to its distribution.

(cf: P.L.2017, c.247, s.1)

13. Section 2 of P.L.2019, c.268 (C.26:2A-24) is amended to read as follows:

2. As used in **[**this act**]** P.L.2019, c.268 (C.26:2A-23 et seq.):

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Embryo storage facility" means a facility which cryopreserves and stores human eggs, pre-embryos, and embryos for later use in in vitro fertilization, embryo transfer, gamete transfer, pronuclear stage transfer and zygote transfer, and other procedures performed to achieve a pregnancy or pregnancies. Embryo storage facility shall also include the office of a licensed health care provider which stores human eggs, pre-embryos, or embryos.

"Person" means any individual, corporation, company, association, organization, society, firm, partnership, joint stock company, or the State or any political subdivision thereof.

(cf: P.L.2019, c.268, s.2)

14. Section 3 of P.L.2007, c.255 (C.26:2AA-3) is amended to read as follows:

3. As used in **[**this act:

"Commissioner" means the Commissioner of Health; and "Reflex**]** P.L.2007, c.255 (C.26:2AA-1 et seq.), “reflex sympathetic dystrophy syndrome" or "RSDS" means a debilitating and progressively chronic condition characterized by severe burning pain, pathological changes in bone and skin, excessive sweating, tissue swelling, and extreme sensitivity to touch.

(cf: P.L.2012, c.17, s.144)

15. Section 2 of P.L.1975, c.305 (C.26:2B-8) is amended to read as follows:

2. The following words as used in P.L.1975, c.305 (C.26:2B-7 et seq.) shall, unless the context requires otherwise, have the following meanings:

"Administrator" means the person in charge of the operation of a facility, or his designee.

"Admitted" means accepted for treatment at a facility.

"Assistant Commissioner" means the Assistant Commissioner of the Division of Mental Health and Addiction Services in the Department of Human Services.

"Authorized persons" means persons who serve as volunteer first aid or ambulance squad members, para-professional medical personnel, and rehabilitated persons with alcohol use disorder.

“Commissioner” means the Commissioner of Human Services.

"Department" means the Department of Human Services.

"Division" means the Division of Mental Health and Addiction Services in the Department of Human Services.

"Facility" means any public, private place, or portion thereof providing services especially designed for the treatment of intoxicated persons or persons with alcohol use disorder; including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities.

"Incapacitated" means the condition of a person who is: a. as a result of the use of alcohol, unconscious or has judgment so impaired that the person is incapable of realizing and making a rational decision with respect to the person's need for treatment, b. in need of substantial medical attention, or c. likely to suffer substantial physical harm.

"Independent physician" means a physician other than one holding an office or appointment in any department, board or agency of the State or in any public facility.

"Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcoholic beverages.

"Patient" means any person admitted to a facility.

"Person with an alcohol use disorder" means any person who chronically, habitually, or periodically consumes alcoholic beverages to the extent that: a. such use substantially injures the person's health or substantially interferes with the person's social or economic functioning in the community on a continuing basis, or b. the person has lost the power of self-control with respect to the use of such beverages.

"Private facility" means a facility other than one operated by the federal government, the State of New Jersey, or any political subdivision thereof.

"Public facility" means a facility operated by the State of New Jersey or any political subdivision thereof.

"Treatment" means services and programs for the care or rehabilitation of intoxicated persons and persons with alcohol use disorder, including, but not limited to, medical, psychiatric,

psychological, vocational, educational, recreational, and social services and programs.
(cf: P.L.2023, c.177, s.58)

16. Section 3 of P.L.1981, c.295 (C.26:2D-26) is amended to read as follows:

3. As used in **[**this act**]** P.L.1981, c.295 (C.26:2D-24 et al.):

[a.**]** "Board" means the Radiologic Technology Board of Examiners created pursuant to section 5 of P.L.1981, c.295 (C.26:2D-28).

[b. "License" means a certificate issued by the board authorizing the licensee to use equipment emitting ionizing radiation on human beings for diagnostic or therapeutic purposes in accordance with the provisions of this act.

c.**]** "Chest x-ray technologist" means a person, other than a licensed practitioner, whose practice of radiologic technology is limited to the chest area for diagnostic purposes only.

[d.**]** "Commissioner" means the Commissioner of Environmental Protection.

[e.**]** "Dental x-ray technologist" means a person, other than a licensed practitioner, whose practice of radiologic technology is limited to intraoral radiography for diagnostic purposes only.

[f.**]** "Diagnostic x-ray technologist" means a person, other than a licensed practitioner, whose application of radiation on human beings is for diagnostic purposes.

"Health physicist" means a person who is certified by the American Board of Health Physics or the American Board of Radiology in radiation physics.

"License" means a certificate issued by the board authorizing the licensee to use equipment emitting ionizing radiation on human beings for diagnostic or therapeutic purposes in accordance with the provisions of P.L.1981, c.295 (C.26:2D-24 et al.).

[g.**]** "Licensed practitioner" means a person licensed or otherwise authorized by law to practice medicine, dentistry, dental hygiene, podiatric medicine, osteopathy or chiropractic.

[h.**]** "Orthopedic x-ray technologist" means a person, other than a licensed practitioner, whose practice of radiologic technology is limited to the spine and extremities for diagnostic purposes only.

"Podiatric x-ray technologist" means a person, other than a licensed practitioner, whose practice of radiologic technology is limited to the operation of x-ray machines as used by podiatrists on the lower leg, foot and ankle area for diagnostic purposes only.

"Radiation therapy technologist" means a person, other than a licensed practitioner, whose application of radiation on human beings is for therapeutic purposes.

[i. "Diagnostic x-ray technologist" means a person, other than a licensed practitioner, whose application of radiation on human beings is for diagnostic purposes.

j.] "Radiologic technologist" means any person who is licensed pursuant to [this act] P.L.1981, c.295 (C.26:2D-24 et al.).

[k.] "Radiologic technology" means the use of equipment emitting ionizing radiation on human beings for diagnostic or therapeutic purposes under the supervision of a licensed practitioner.

[l. "Podiatric x-ray technologist" means a person, other than a licensed practitioner, whose practice of radiologic technology is limited to the operation of x-ray machines as used by podiatrists on the lower leg, foot and ankle area for diagnostic purposes only.

m. "Orthopedic x-ray technologist" means a person, other than a licensed practitioner, whose practice of radiologic technology is limited to the spine and extremities for diagnostic purposes only.

n.] "Radiologist" means a licensed practitioner specializing in radiology certified by the American Board of Radiology, the American Osteopathic Board of Radiology or other national radiologic certifying body approved by the board.

"Radiologist assistant" means a person, other than a licensed practitioner, who is a licensed radiologic technologist, is certified and registered with a national radiologic certifying body approved by the board, and is credentialed to provide primary advanced-level radiology health care under the supervision of a licensed radiologist.

"Urologic x-ray technologist" means a person, other than a licensed practitioner, whose practice of radiologic technology is limited to the abdomen and pelvic area for diagnostic purposes only.

[o. "Radiologist" means a licensed practitioner specializing in radiology certified by the American Board of Radiology, the American Osteopathic Board of Radiology or other national radiologic certifying body approved by the board.

p. "Radiologist assistant" means a person, other than a licensed practitioner, who is a licensed radiologic technologist, is certified and registered with a national radiologic certifying body approved by the board, and is credentialed to provide primary advanced-level radiology health care under the supervision of a licensed

radiologist.**]**
(cf: P.L.2017, c.281, s.1)

17. Section 3 of P.L.1981, c.302 (C.26:2D-39) is amended to read as follows:

3. As used in **[**this act**]** P.L.1981, c.302 (C.26:2D-37 et seq.):

[a.**]** "Department" means the Department of Environmental Protection**[**;**]** .

[b.**]** "Division" means the Division of State Police in the Department of Law and Public Safety**[**;**]** .

[c.**]** "Nuclear facility" means any facility which would pose a threat to the health and welfare of the public in the event of a radiation accident, including, but not limited to, atomic fission or fusion electric generating facilities, nuclear fuel fabrication plants, nuclear fuel reprocessing plants, nuclear waste handling and disposal facilities, and any other facility requiring a certificate of handling pursuant to P.L.1977, c.233**[**;**]** .

[d.**]** "Operator" means the company or corporation operating a nuclear electric generating facility, when the company or corporation is a public electric utility authorized to petition the Board of Public Utilities to recover expenses directly related to the operation of a nuclear electric generating facility in New Jersey; however, when the facility is being operated by an affiliate or associated corporation of a public electric utility, "operator" means the public electric utility and not the affiliated or associated corporation.

"Plan" means the State Radiation Emergency Response Plan mandated by section 4 of **[**this act;**]** P.L.1981, c.302 (C.26:2D-40).

[e.**]** "Radiation accident" means any occurrence or event during the operation and maintenance of any nuclear facility or during the transportation of radioactive material, which results in the release of unnecessary radiation, as defined in section 1 of P.L.1958, c. 116 (C. 26:2D-1)**[**;

f. "Operator" means the company or corporation operating a nuclear electric generating facility, when the company or corporation is a public electric utility authorized to petition the Board of Public Utilities to recover expenses directly related to the operation of a nuclear electric generating facility in New Jersey; however, when the facility is being operated by an affiliate or associated corporation of a public electric utility, "operator" means the public electric utility and not the affiliated or associated corporation**]**.
(cf: P.L.1984, c.98, s.1)

18. Section 3 of P.L.1966, c.36 (C.26:2F-3) is amended to read as follows:

3. For the purposes of ⟦this act⟧ P.L.1966, c.36 (C.26:2F-1 et seq.), unless the context clearly requires a different meaning:

⟦(a) "Local health agency" means any county, regional, municipal or other governmental agency organized for the purpose of providing health services, administered by a full-time health officer and conducting a public health program pursuant to law.

(b)⟧ "Annual expenditures for health purposes" means the local effort as represented by the expenditures by a local health agency for health services which comply with the "standards of performance" excluding any sum paid to the local health agency as public health priority funds under the provisions of P.L.1966, c.36 (C.26:2F-1 et seq.).

"Commissioner" ⟦shall mean⟧ means the ⟦State⟧ Commissioner of Health or ⟦his⟧ the commissioner's designee.

"Criteria for participation" means that a local health agency serving a minimum population of 25,000 is under the administrative direction of a full-time health officer, and all other employees are appropriately qualified and licensed as required by law. The minimum population of 25,000 may be waived at the discretion of the commissioner in the case of a local health agency which from the period beginning January 1, 1960, has carried on and continues to carry on a comprehensive public health program under the direction of a full-time health officer.

"Full-time health officer" means a holder of a license as a health officer issued by the Department of Health and who is employed by a local health agency to function during all the working hours of the regularly scheduled work week of the governmental unit to which the local health agency is attached and not regularly employed during the working hours of that scheduled work week in other activities for which he receives remuneration.

"Noninstitutional population" means the number of inhabitants of a municipality or a group of municipalities making up a local health agency jurisdiction as enumerated in the last Federal census, or by a special census made by the Federal Bureau of the Census, or as estimated annually by the Department of Labor Workforce Development, whichever is the most recent, except that military personnel living on military reservations, inmates of federal, State, and county institutions, and boarding students of colleges and universities shall be excluded.

"Priority health services" means those core activities pertaining to communicable disease and chronic illness as contained in the "standards of performance" or supplemented from the list of recognized activities as contained in the "standards of performance," and designated annually by the commissioner with the approval of the Public Health Council. For the purposes of this subsection, "standards of performance" means the "Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey" as prescribed by the

Public Health Council of the Department of Health under authority of P.L.1947, c. 177 (C. 26:1A-1 et seq.).

"Public health priority fund" means State funds for priority health services to be rendered by local health agencies but shall not include grants from the special projects and development fund.

"Special needs population" means the sum of the number of persons having income less than the poverty level and the number of persons over the age of 65, as listed in the most recent federal census.

[(c)**]** "Special projects and development fund" **[**shall mean**]** means the fund established in section 7 of **[**this act**]** P.L.1966, c.36 (C.26:2F-7).

[(d) "Priority health services" means those core activities pertaining to communicable disease and chronic illness as contained in the "standards of performance" or supplemented from the list of recognized activities as contained in the "standards of performance," and designated annually by the commissioner with the approval of the Public Health Council. For the purposes of this subsection, "standards of performance" means the "Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey" as prescribed by the Public Health Council of the State Department of Health under authority of P.L.1947, c. 177 (C. 26:1A-1 et seq.).

(e) "Public health priority fund" shall mean State funds for priority health services to be rendered by local health agencies but shall not include grants from the special projects and development fund.

(f) "Annual expenditures for health purposes" shall mean the local effort as represented by the expenditures by a local health agency for health services which comply with the "standards of performance" excluding any sum paid to the local health agency as public health priority funds under the provisions of this act.

(g) (1) "Noninstitutional population" shall mean the number of inhabitants of a municipality or a group of municipalities making up a local health agency jurisdiction as enumerated in the last Federal census, or by a special census made by the Federal Bureau of the Census, or as estimated annually by the Department of Labor and Industry, whichever is the most recent, except that military personnel living on military reservations, inmates of Federal, State, and county institutions, and boarding students of colleges and universities shall be excluded.

(2) "Special needs population" shall mean the sum of the number of persons having income less than the poverty level and the number of persons over the age of 65, as listed in the most recent Federal census.

(h) "Full-time health officer" means a holder of a license as a health officer issued by the State Department of Health and who is employed by a local health agency to function during all the

working hours of the regularly scheduled work week of the governmental unit to which the local health agency is attached and not regularly employed during the working hours of that scheduled work week in other activities for which he receives remuneration.

(i) (Deleted by amendment, P.L.1977, c.332).

(j) (Deleted by amendment, P.L.1977, c.332).

(k) "Criteria for participation" shall mean that a local health agency serving a minimum population of 25,000 is under the administrative direction of a full-time health officer, and all other employees are appropriately qualified and licensed as required by law. The minimum population of 25,000 may be waived at the discretion of the commissioner in the case of a local health agency which from the period beginning January 1, 1960, has carried on and continues to carry on a comprehensive public health program under the direction of a full-time health officer.**]**

(cf: P.L.1977, c.332, s.3)

19. Section 2 of P.L.1970, c.334 (C.26:2G-22) is amended to read as follows:

2. As used in **[**this act**]** P.L.1970, c.334 (C.26:2G-21 et seq.):

["Commissioner" means the Commissioner of Health.**]**

“Narcotic drug” means any narcotic, drug, or dangerous controlled substance, as defined in any law of the State of New Jersey or of the United States.

“Patient” means a person with a substance use disorder, or who otherwise has a physicial or mental impairment from the use of narcotic drugs and who requires continuing care of a substance use disorder treatment center.

“Substance use disorder treatment center” means any establishment, facility, or institution, public or private, whether operated for profit or not, which primarily offers, or purports to offer, maintain, or operate facilities for the residential or outpatient diagnosis, care, treatment, or rehabilition of two or more unrelated individuals, who are patients as defined herein, excluding, however, any hospital or mental hospital otherwise licensed by Title 30 of the Revised Statutes.

(cf: P.L.2023, c.177, s.83)

20. Section 2 of P.L.1971, c.136 (C.26:2H-2) is amended to read as follows:

2. The following words or phrases, as used in **[**this act**]** P.L.1971, c.136 (C.26:2H-1 et al.), shall have the following meanings, unless the context otherwise requires:

[a.**]** "Board" means the Health Care Administration Board established pursuant to P.L.1971, c.136 (C.26:2H-1 et al.)

"Construction" means the erection, building, or substantial acquisition, alteration, reconstruction, improvement, renovation, extension, or modification of a health care facility, including its

equipment, the inspection and supervision thereof; and the studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.

"Government agency" means a department, board, bureau, division, office, agency, public benefit, or other corporation, or any other unit, however described, of the State or political subdivision thereof.

"Health care facility" means the facility or institution, whether public or private, that is engaged principally in providing services for health maintenance organizations, diagnosis, or treatment of human disease, pain, injury, deformity, or physical condition, including, but not limited to, a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, tuberculosis hospital, chronic disease hospital, maternity hospital, outpatient clinic, dispensary, home health care agency, residential health care facility, dementia care home, and bioanalytical laboratory (except as specifically excluded hereunder), or central services facility serving one or more such institutions but excluding institutions that provide healing solely by prayer and excluding such bioanalytical laboratories as are independently owned and operated, and are not owned, operated, managed, or controlled, in whole or in part, directly or indirectly by any one or more health care facilities, and the predominant source of business of which is not by contract with health care facilities within the State of New Jersey and which solicit or accept specimens and operate predominantly in interstate commerce.

[b.**]** "Health care service" means the preadmission, outpatient, inpatient, and postdischarge care provided in or by a health care facility, and such other items or services as are necessary for such care, which are provided by or under the supervision of a physician for the purpose of health maintenance organizations, diagnosis, or treatment of human disease, pain, injury, disability, deformity, or physical condition, including, but not limited to, nursing service, home care nursing, and other paramedical service, ambulance service, service provided by an intern, resident in training or physician whose compensation is provided through agreement with a health care facility, laboratory service, medical social service, drugs, biologicals, supplies, appliances, equipment, bed and board, but excluding services provided by a physician in his private practice, except as provided in sections 7 and 12 of P.L.1971, c.136 (C.26:2H-7 and 26:2H-12), or by practitioners of healing solely by prayer, and services provided by first aid, rescue and ambulance squads as defined in the "New Jersey Highway Traffic Safety Act of 1987," P.L.1987, c.284 (C.27:5F-18 et seq.).

[c. "Construction" means the erection, building, or substantial acquisition, alteration, reconstruction, improvement, renovation, extension, or modification of a health care facility, including its

equipment, the inspection and supervision thereof; and the studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.

d. "Board" means the Health Care Administration Board established pursuant to this act.

e. (Deleted by amendment, P.L.1998, c.43).

f. "Government agency" means a department, board, bureau, division, office, agency, public benefit, or other corporation, or any other unit, however described, of the State or political subdivision thereof.

g. (Deleted by amendment, P.L.1991, c.187).

h. (Deleted by amendment, P.L.1991, c.187).

i. "Department" means the Department of Health.

j. "Commissioner" means the Commissioner of Health.

k.] "Integrated health care" means the systematic coordination of general and behavioral healthcare. This care may address mental illnesses, substance use disorders, health behaviors including their contributions to chronic medical illnesses, life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

"Preliminary cost base" means that proportion of a hospital's current cost which may reasonably be required to be reimbursed to a properly utilized hospital for the efficient and effective delivery of appropriate and necessary health care services of high quality required by such hospital's mix of patients. The preliminary cost base initially may include costs identified by the commissioner and approved or adjusted by the commission as being in excess of that proportion of a hospital's current costs identified above, which excess costs shall be eliminated in a timely and reasonable manner prior to certification of the revenue base. The preliminary cost base shall be established in accordance with regulations proposed by the commissioner and approved by the board.

[l. (Deleted by amendment, P.L.1992, c.160).

m.] "Private long-term health care facility" means a nursing home, skilled nursing home, or intermediate care facility presently in operation and licensed as such prior to the adoption of the 1967 Life Safety Code by the Department of Health in 1972 and which has a maximum 50-bed capacity and which does not accommodate Medicare or Medicaid patients.

"Provider of health care" means an individual: (1) who is a direct provider of health care service in that the individual's primary activity is the provision of health care services to individuals or the administration of health care facilities in which such care is provided and, when required by State law, the individual has received professional training in the provision of such services or in such administration and is licensed or certified for such provision or administration; or (2) who is an indirect provider of health care in that the individual (a) holds a fiduciary position with, or has a

fiduciary interest in, any entity described in subparagraph b(ii) or subparagraph b(iv) of this paragraph; provided, however, that a member of the governing body of a county or any elected official shall not be deemed to be a provider of health care unless [he] the member is a member of the board of trustees of a health care facility or a member of a board, committee or body with authority similar to that of a board of trustees, or unless [he] the member participates in the direct administration of a health care facility; or (b) received, either directly or through [his] the member's spouse, more than one-tenth of [his] the member's gross annual income for any one or more of the following:

(i) Fees or other compensation for research into or instruction in the provision of health care services;

(ii) Entities engaged in the provision of health care services or in research or instruction in the provision of health care services;

(iii) Producing or supplying drugs or other articles for individuals or entities for use in the provision of or in research into or instruction in the provision of health care services;

(iv) Entities engaged in producing drugs or such other articles.

[n. "Private long-term health care facility" means a nursing home, skilled nursing home, or intermediate care facility presently in operation and licensed as such prior to the adoption of the 1967 Life Safety Code by the Department of Health in 1972 and which has a maximum 50-bed capacity and which does not accommodate Medicare or Medicaid patients.

o. (Deleted by amendment, P.L.1998, c.43).

p.] "State Health Planning Board" means the board established pursuant to section 33 of P.L.1991, c.187 (C.26:2H-5.7) to conduct certificate of need review activities.

[q. "Integrated health care" means the systematic coordination of general and behavioral healthcare. This care may address mental illnesses, substance use disorders, health behaviors including their contributions to chronic medical illnesses, life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.]

(cf: P.L.2017, c.294, s.2)

21. Section 2 of P.L.1999, c.311 (C.26:2H-5.11) is amended to read as follows:

2. As used in [this act:

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Needle] P.L.1999, c.311 (C.26:2H-5.10 et seq.), "needle stick injury" means the parenteral introduction into the body of a health care worker of blood or other potentially infectious material by a needle or other sharp device during the worker's performance of health care duties in a health care facility.

(cf: P.L.2012, c.17, s.166)

22. Section 2 of P.L.2014, c.68 (C.26:2H-5.25) is amended to read as follows:

2. As used in **[**this act**]** P.L.2014, c.68 (C.26:2H-5.24 et seq.):

"After-care assistance" means any assistance provided by a caregiver to a patient following the patient's discharge from a hospital that is related to the patient's condition at the time of discharge, including, but not limited to: assisting with basic activities of daily living; instrumental activities of daily living; and other tasks as determined to be appropriate by the discharging physician or other health care professional licensed pursuant to Title 45 or Title 52 of the Revised Statutes.

"Caregiver" means any individual designated as a caregiver by a patient pursuant to this act who provides after-care assistance to a patient in the patient's residence. The term includes, but is not limited to, a relative, spouse, partner, friend, or neighbor who has a significant relationship with the patient.

"Discharge" means a patient's exit or release from a hospital to the patient's residence following any medical care or treatment rendered to the patient following an inpatient admission.

"Entry" means a patient's admission into a hospital for the purposes of receiving inpatient medical care.

["Hospital" means a general acute care hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).**]**

"Residence" means the dwelling that the patient considers to be the patient's home. The term shall not include any rehabilitation facility, hospital, nursing home, assisted living facility, or group home licensed by the Department of Health.

(cf: P.L.2014, c.68, s.2)

23. Section 2 of P.L.1996, c.102 (C.26:2H-7.5) is amended to read as follows:

2. As used in **[**this act**]** P.L.1996, c.102 (C.26:2H-7.4 et seq.):

["Commissioner" means the Commissioner of Health.

"Hospital" means an acute care general hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).**]**

"Subacute care" means a comprehensive in-patient program for patients who have had an acute illness, injury or exacerbation of a disease process, have a determined course of treatment prescribed, and do not require intensive diagnostic or intensive invasive procedures, but the patient's condition requires physician direction, intensive nursing care, frequent recurrent patient assessment and review of the clinical course and treatment plan for a period of time, significant use of ancillary medical services and an interdisciplinary approach using professional teams of physicians, nurses and other relevant professional disciplines to deliver complex clinical interventions.

"Subacute care unit" means a unit located within a hospital which utilizes licensed long-term care beds to provide subacute care for patients.
(cf: P.L.1996, c.102, s.2)

24. Section 1 of P.L.2002, c.25 (C.26:2H-7.15) is amended to read as follows:

1. As used in **[**this act**]** P.L.2002, c.25 (C.26:2H-7.15 et al.):

"Assisted living" means a coordinated array of supportive personal and health services, available 24 hours per day, which promote resident self-direction and participation in decisions that emphasize independence, individuality, privacy, dignity, and homelike surroundings to residents who have been assessed to need these services, including residents who require formal long-term care.

"Assisted living program" means the provision of or arrangement for meals and assisted living services, when needed, to the residents of publicly subsidized housing, which because of any federal, State, or local housing laws, rules, regulations, or requirements cannot become licensed as an assisted living residence.

"Assisted living residence" means a facility licensed by the Department of Health to provide apartment-style housing and congregate dining and to assure that assisted living services are available when needed, for four or more adult persons unrelated to the proprietor. Apartment units shall offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance.

["Commissioner" means the Commissioner of Health.**]**
(cf: P.L.2012, c.17, s.175)

25. Section 1 of P.L.2021, c.18 (C.26:2H-7.22) is amended to read as follows:

1. As used in P.L.2021, c.18 (C.26:2H-7.22 et al.):

"Angioplasty" or "percutaneous coronary intervention" means the mechanical reopening of an occluded vessel in the heart or corona using a balloon-tipped catheter.

"Applicant hospital" means a general hospital that has entered into a collaboration agreement with a cardiac surgery center licensed in New Jersey.

"Application" means all information required by the commissioner of an applicant hospital to determine compliance with P.L.2021, c.18 (C.26:2H-7.22 et al.).

"C-PORT-E study" means the Atlantic Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study clinical trial.

"Collaboration agreement" means an agreement between a licensed cardiac surgery center and a general hospital that includes:

(1) written protocols for enrolled patients who require transfer to, and receipt at, a cardiac surgery center's operating room within one hour of the determination of the need for such transfer,

including the emergency transfer of patients who require an intra-aortic balloon pump;

(2) regular consultation between the two hospitals on individual cases, including use of technology to share case information in a rapid manner; and

(3) evidence of adequate cardiac surgery on-call backup.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.]

"Elective angioplasty" means an angioplasty or percutaneous coronary intervention performed on a non-emergent basis.

"Full service adult diagnostic cardiac catheterization facility" means an acute care general hospital that provides invasive cardiac diagnostic services to adult patients without cardiac surgery backup, is equipped with laboratories, and performs at least 250 cardiac catheterizations each year.

"Primary angioplasty" means an angioplasty or percutaneous coronary intervention performed on an acute or emergent basis.

(cf: P.L.2021, c.18, s.1)

26. Section 1 of P.L.2005, c.50 (C.26:2H-12.6b) is amended to read as follows:

1. As used in P.L.2005, c.50 (C.26:2H-12.6b et seq.):

["Commissioner" means the Commissioner of Health.]

"Division on Women" means the Division on Women in the Department of Children and Families.

"Emergency care to sexual assault victims" means a medical examination, procedure, or service provided by an emergency health care facility to a sexual assault victim following an alleged sexual offense.

"Emergency contraception" means one or more prescription drugs to prevent pregnancy, used separately or in combination, administered to or self-administered by a patient within a medically recommended time after sexual intercourse, dispensed for that purpose in accordance with professional standards of practice and determined to be safe by the United States Food and Drug Administration.

"Emergency health care facility" means a general hospital or satellite emergency department licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Medically and factually accurate and objective" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and standards, published in peer-reviewed journals and recognized as accurate and objective by leading professional organizations and agencies with relevant expertise in the field of obstetrics and gynecology.

"Sexual Assault Nurse Examiner program" means the Statewide Sexual Assault Nurse Examiner program in the Division of

Criminal Justice in the Department of Law and Public Safety, established pursuant to P.L.2001, c.81 (C.52:4B-50 et seq.).

"Sexual assault victim" means a female who alleges or is alleged to have suffered a personal, physical, or psychological injury as a result of a sexual offense.

"Sexual offense" means sexual assault and aggravated sexual assault as set forth in N.J.S.2C:14-2, criminal sexual contact and aggravated criminal sexual contact as set forth in N.J.S.2C:14-3, fourth degree lewdness as set forth in subsection b. of N.J.S.2C:14-4 and endangering the welfare of a child by engaging in sexual conduct which would impair or debauch the morals of the child as set forth in N.J.S.2C:24-4.

(cf: P.L.2012, c.17, s.182)

27. Section 1 of P.L.2001, c.234 (C.26:2H-12.16) is amended to read as follows:

1. a. For the purposes of **[**this act**]** P.L.2001, c.234 (C.26:2H-12.16 et seq.), **[**"Medicaid" means the program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and**]** "Medicaid-eligible" means that a person is determined to meet the financial eligibility standards for medical assistance under the State Medicaid program and is approved by the Department of Health **[**and Senior Services**]** for participation in a federally approved 1915(c) waiver program that provides assisted living services.

b. A new facility that is licensed to operate an assisted living residence or comprehensive personal care home after the effective date of this act shall reserve 10**[**%**]** percent of its total bed compliment for use by Medicaid-eligible persons. The 10**[**%**]** percent utilization by Medicaid-eligible persons shall be met through Medicaid conversion of persons who enter the assisted living residence or comprehensive personal care home as private paying persons and subsequently become eligible for Medicaid, or through direct admission of Medicaid-eligible persons. An assisted living residence or comprehensive personal care home shall achieve this 10**[**%**]** percent utilization within three years of licensure to operate and shall maintain this level of utilization thereafter.

c. Existing assisted living residences and comprehensive personal care homes that add additional assisted living beds shall be required, as a condition of licensure approval, to maintain 10**[**%**]** percent of the additional beds for Medicaid-eligible persons through Medicaid conversion of persons who enter the assisted living residence or comprehensive personal care home as private paying persons and subsequently become eligible for Medicaid, or through direct admission of Medicaid-eligible persons. If the total number of additional beds is less than 10, at least one of the additional beds shall be reserved for a Medicaid-eligible person.

(cf: P.L.2001, c.234, s.1)

28. Section 3 of P.L.2004, c.9 (C.26:2H-12.25) is amended to read as follows:

3. a. As used in ⟦this act⟧ P.L.2004, c.9 (C.26:2H-23 et seq.):

"Adverse event" means an event that is a negative consequence of care that results in unintended injury or illness, which may or may not have been preventable.

"Anonymous" means that information is presented in a form and manner that prevents the identification of the person filing the report.

⟦"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.⟧

"Event" means a discrete, auditable, and clearly defined occurrence.

"Health care facility" or "facility" means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) and a State psychiatric hospital operated by the Department of ⟦Human Services⟧ Health and listed in R.S.30:1-7.

"Health care professional" means an individual who, acting within the scope of the individual's licensure or certification, provides health care services, and includes, but is not limited to, a physician, dentist, nurse, pharmacist, or other health care professional whose professional practice is regulated pursuant to Title 45 of the Revised Statutes.

"Near-miss" means an occurrence that could have resulted in an ⟦averse⟧ adverse event but the adverse event was prevented.

"Preventable event" means an event that could have been anticipated and prepared against, but occurs because of an error or other system failure.

"Serious preventable adverse event" means an adverse event that is a preventable event and results in death or loss of a body part, or disability or loss of bodily function lasting more than seven days or still present at the time of discharge from a health care facility.

b. In accordance with the requirements established by the commissioner by regulation, pursuant to ⟦this act⟧ P.L.2004, c.9 (C.26:2H-12.23 et seq.), a health care facility shall develop and implement a patient safety plan for the purpose of improving the health and safety of patients at the facility.

The patient safety plan shall, at a minimum, include:

(1) a patient safety committee, as prescribed by regulation;

(2) a process for teams of facility staff, which teams are comprised of personnel who are representative of the facility's various disciplines and have appropriate competencies, to conduct ongoing analysis and application of evidence-based patient safety practices in order to reduce the probability of adverse events resulting from exposure to the health care system across a range of diseases and procedures;

(3) a process for teams of facility staff, which teams are comprised of personnel who are representative of the facility's

various disciplines and have appropriate competencies, to conduct analyses of near-misses, with particular attention to serious preventable adverse events and adverse events; and

(4) a process for the provision of ongoing patient safety training for facility personnel.

The provisions of this subsection shall not be construed to eliminate or lessen a hospital's obligation under current law or regulation to have a continuous quality improvement program.

c. A health care facility shall report to the department [or, in the case of a State psychiatric hospital, to the Department of Human Services], in a form and manner established by the commissioner, every serious preventable adverse event that occurs in that facility.

d. A health care facility shall assure that the patient affected by a serious preventable adverse event or an adverse event specifically related to an allergic reaction, or, in the case of a minor or a patient who is incapacitated, the patient's parent or guardian or other family member, as appropriate, is informed of the serious preventable adverse event or adverse event specifically related to an allergic reaction, no later than the end of the episode of care, or, if discovery occurs after the end of the episode of care, in a timely fashion as established by the commissioner by regulation. The time, date, participants, and content of the notification shall be documented in the patient's medical record in accordance with rules and regulations adopted by the commissioner. The content of the documentation shall be determined in accordance with the rules and regulations of the commissioner. If the patient's physician determines that the disclosure would seriously and adversely affect the patient's health, then the facility shall assure that the family member, if available, is notified in accordance with rules and regulations adopted by the commissioner. In the event that an adult patient is not informed of the serious preventable adverse event or adverse event specifically related to an allergic reaction, the facility shall assure that the physician includes a statement in the patient's medical record that provides the reason for not informing the patient pursuant to this section.

e. (1) A health care professional or other employee of a health care facility is encouraged to make anonymous reports to the department [or, in the case of a State psychiatric hospital, to the Department of Human Services], in a form and manner established by the commissioner, regarding near-misses, preventable events, and adverse events that are otherwise not subject to mandatory reporting pursuant to subsection c. of this section.

(2) The commissioner shall establish procedures for and a system to collect, store, and analyze information voluntarily reported to the department pursuant to this subsection. The repository shall function as a clearinghouse for trend analysis of the information collected pursuant to this subsection.

f. Any documents, materials, or information received by the department[, or the Department of Human Services, as applicable,] pursuant to the provisions of subsections c. and e. of this section concerning serious preventable adverse events, near-misses, preventable events, and adverse events that are otherwise not subject to mandatory reporting pursuant to subsection c. of this section, shall not be:

(1) subject to discovery or admissible as evidence or otherwise disclosed in any civil, criminal, or administrative action or proceeding;

(2) considered a [public] government record under P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et al.); or

(3) used in an adverse employment action or in the evaluation of decisions made in relation to accreditation, certification, credentialing, or licensing of an individual, which is based on the individual's participation in the development, collection, reporting or storage of information in accordance with this section. The provisions of this paragraph shall not be construed to limit a health care facility from taking disciplinary action against a health care professional in a case in which the professional has displayed recklessness, gross negligence, or willful misconduct, or in which there is evidence, based on other similar cases known to the facility, of a pattern of significant substandard performance that resulted in serious preventable adverse events.

The information received by the department[, or the Department of Human Services, as applicable,] shall be shared with the Attorney General in accordance with rules and regulations adopted pursuant to subsection j. of this section, and may be used by the department[, the Department of Human Services,] and the Attorney General for the purposes of [this act] P.L.2004, c.9 (C.26:2H-12.23 et seq.) and for oversight of facilities and health care professionals; however, the [departments] department and the Attorney General shall not use the information for any other purpose.

In using the information to exercise oversight, the department, [Department of Human Services,] and Attorney General, as applicable, shall place primary emphasis on assuring effective corrective action by the facility or health care professional, reserving punitive enforcement or disciplinary action for those cases in which the facility or the professional has displayed recklessness, gross negligence, or willful misconduct, or in which there is evidence, based on other similar cases known to the department[, Department of Human Services] or the Attorney General, of a pattern of significant substandard performance that has the potential for or actually results in harm to patients.

g. Any documents, materials, or information developed by a health care facility as part of a process of self-critical analysis conducted pursuant to subsection b. of this section concerning preventable events, near-misses, and adverse events, including

serious preventable adverse events, and any document or oral statement that constitutes the disclosure provided to a patient or the patient's family member or guardian pursuant to subsection d. of this section, shall not be:

(1) subject to discovery or admissible as evidence or otherwise disclosed in any civil, criminal, or administrative action or proceeding; or

(2) used in an adverse employment action or in the evaluation of decisions made in relation to accreditation, certification, credentialing, or licensing of an individual, which is based on the individual's participation in the development, collection, reporting, or storage of information in accordance with subsection b. of this section. The provisions of this paragraph shall not be construed to limit a health care facility from taking disciplinary action against a health care professional in a case in which the professional has displayed recklessness, gross negligence or willful misconduct, or in which there is evidence, based on other similar cases known to the facility, of a pattern of significant substandard performance that resulted in serious preventable adverse events.

h. Notwithstanding the fact that documents, materials, or information may have been considered in the process of self-critical analysis conducted pursuant to subsection b. of this section, or received by the department **[**or the Department of Human Services**]** pursuant to the provisions of subsection c. or e. of this section, the provisions of **[**this act**]** P.L.2004, c.9 (C.26:2H-12.23 et seq.) shall not be construed to increase or decrease, in any way, the availability, discoverability, admissibility, or use of any such documents, materials, or information if obtained from any source or context other than those specified in **[**this act.**]** P.L.2004, c.9 (C.26:2H-12.23 et seq.).

i. The investigative and disciplinary powers conferred on the boards and commissions established pursuant to Title 45 of the Revised Statutes, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety and the Attorney General under the provisions of P.L.1978, c.73 (C.45:1-14 et seq.) or any other law, rule, or regulation, as well as the investigative and enforcement powers conferred on the department and the commissioner under the provisions of Title 26 of the Revised Statutes or any other law, rule or regulation, shall not be exercised in such a manner so as to unduly interfere with a health care facility's implementation of its patient safety plan established pursuant to this section. However, **[**this act**]** P.L.2004, c.9 (C.26:2H-12.23 et seq.) shall not be construed to otherwise affect, in any way, the exercise of such investigative, disciplinary, and enforcement powers.

j. The commissioner shall, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt such rules and regulations necessary to carry out the provisions of **[**this

act] P.L.2004, c.9 (C.26:2H-12.23 et seq.). The regulations shall establish: criteria for a health care facility's patient safety plan and patient safety committee; the time frame and format for mandatory reporting of serious preventable adverse events at a health care facility; the types of events that qualify as serious preventable adverse events and adverse events specifically related to an allergic reaction; the circumstances under which a health care facility is not required to inform a patient or the patient's family about a serious preventable adverse event or adverse event specifically related to an allergic reaction; and a system for the sharing of information received by the department [and the Department of Human Services] pursuant to subsections c. and e. of this section with the Attorney General. In establishing the criteria for reporting serious preventable adverse events, the commissioner shall, to the extent feasible, use criteria for these events that have been or are developed by organizations engaged in the development of nationally recognized standards.

The commissioner shall consult [with the Commissioner of Human Services with respect to rules and regulations affecting the State psychiatric hospitals and] with the Attorney General with respect to rules and regulations regarding the establishment of a system for the sharing of information received by the department [and the Department of Human Services] pursuant to subsections c. and e. of this section with the Attorney General.

k. Nothing in this act shall be construed to increase or decrease the discoverability, in accordance with Christy v. Salem, No. A-6448-02T3 (Superior Court of New Jersey, Appellate Division, February 17, 2004) (2004 WL291160), of any documents, materials or information if obtained from any source or context other than those specified in this act.

(cf: P.L.2012, c.17, s.190)

29. Section 1 of P.L.2007, c.65 (C.26:2H-12.33) is amended to read as follows:

1. a. The Department of Health shall make available to the public, through its official department website, information regarding:

(1) the ownership of each long-term care facility and adult day health services facility licensed by the department; and

(2) any violation of statutory standards or rules and regulations of the department pertaining to the care of patients or physical plant standards found at any such facility by the department.

[As used in this section, "long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).]

b. The information made available to the public pursuant to subsection a. of this section shall be provided in a manner that

would enable a member of the public to search the website by name of a facility or its owner in order to access the information. The department shall also make the information available in writing, upon request.

c. The information regarding the ownership of a long-term care or adult day health services facility that is made available to the public pursuant to subsection a. of this section shall provide, at a minimum: the name of the owner of a facility as listed on the facility's license and, if there is more than one owner or the facility is owned by a corporation, the name of each person who holds at least a 10 percent interest in the facility; the name of any other licensed long-term care or adult day health services facility in the State owned by this owner, corporation, and each person who holds at least a 10 percent interest in the facility, as applicable; and the address and contact information for the facility.

d. The information that is displayed on the official department website pursuant to subsection a. of this section shall include Internet web links to the New Jersey Report Card for Nursing Homes maintained by the department and the Medicare Nursing Home Compare database maintained by the federal Centers for Medicare & Medicaid Services.

(cf: P.L.2015, c.125, s.3)

30. Section 1 of P.L.2009, c.61 (C.26:2H-12.56) is amended to read as follows:

1. a. For the purposes of ⟦this act⟧ P.L.2009, c.61 (C.26:2H-12.56 et seq.):

"Assisted living facility" means an assisted living residence or comprehensive personal care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.);

⟦"Medicaid" means the program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.);⟧ and

"Medicaid-eligible" means that a person is determined to meet the financial and clinical eligibility standards and has been approved by the Department of Health and Senior Services for participation in a federally approved 1915(c) Medicaid waiver program that provides assisted living services.

b. An assisted living facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et al.) shall provide to a prospective private pay resident, the financially responsible party for the prospective resident, or the prospective resident's legal guardian, as appropriate, a written informational sheet, prepared and updated by the Department of Health ⟦and Senior Services⟧ and the Division of Medical Assistance and Health Services in the Department of Human Services pursuant to section 2 of ⟦this act⟧ P.L.2009, c.61 (C.26:2H-12.57), that explains eligibility for participation in a federally approved 1915(c) Medicaid waiver program that provides assisted living services.

c. The written informational sheet provided to the prospective private pay resident, financially responsible party, or legal guardian, pursuant to subsection b. of this section, shall be accompanied by a written statement, signed by an authorized representative of the assisted living facility stating that:

(1) The assisted living facility is unable to guarantee the availability of a bed for use by a Medicaid-eligible resident, pursuant to P.L.2001, c.234 (C.26:2H-12.16 et seq.) at the assisted living facility at the time that the resident becomes Medicaid-eligible; and

(2) If there is no bed for use by a Medicaid-eligible resident, pursuant to P.L.2001, c.234 (C.26:2H-12.16 et seq.) available at the time the resident becomes Medicaid-eligible, the assisted living facility has the option to transfer the resident to a nursing home or another assisted living facility, as appropriate.

d. If a private pay resident of an assisted living facility, or the resident's financially responsible party, or legal guardian, as appropriate, provides written notice to the assisted living facility that the resident is likely to become Medicaid-eligible within the next six months, the assisted living facility, upon receipt of such notice, shall inform the resident, financially responsible party, or legal guardian, as appropriate, in writing, of the position at the time of the notice of the resident's placement on any list of residents awaiting a bed for use by a Medicaid-eligible resident, pursuant to P.L.2001, c.234 (C.26:2H-12.16 et seq.).

(cf: P.L.2009, c.61, s.1)

31. Section 1 of P.L.2019, c.243 (C.26:2H-12.87) is amended to read as follows:

1. a. As used in this section:

"Cohorting" means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

["Department" means the Department of Health.**]**

"Endemic level" means the usual level of given disease in a geographic area.

"Isolating" means the process of separating sick, contagious persons from those who are not sick.

"Long-term care facility" means a nursing home, licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels.

b. Notwithstanding any provision of law to the contrary, as a condition of licensure, the department shall require long-term care facilities to develop an outbreak response plan within 180 days after the effective date of **[**this act**]** P.L.2019, c.243 (C.26:2H-12.87), which plan shall be customized to the facility, based upon national standards and developed in consultation with the facility's infection

prevention and control committee. At a minimum, each facility's plan shall include, but shall not be limited to:

(1) a protocol for isolating and cohorting infected and at-risk residents in the event of an outbreak of a contagious disease until the cessation of the outbreak;

(2) clear policies for the notification of residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease at a facility;

(3) information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures;

(4) policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak;

(5) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations; and

(6) a documented strategy for securing more staff in the event of an outbreak of infectious disease among staff or another emergent or non-emergent situation affecting staffing levels at the facility during an outbreak of an infectious disease.

c. (1) In addition to the requirements set forth in subsection b. of this section, the department shall require long-term care facilities to include in the facility's outbreak response plan written policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including employing the following individuals:

(a) an individual who meets the requirements of subparagraph (b) of paragraph (1) of subsection e. of this section; and

(b) a physician who meets the requirements of subparagraph (a) of paragraph (1) of subsection e. of this section.

(2) Each nursing home that has not previously submitted an outbreak response plan to the department shall submit an outbreak response plan to the department for verification as provided in paragraph (3) of this subsection.

(3) The department shall verify that the outbreak response plans submitted by nursing homes are in compliance with the requirements of subsection b. of this section and with the requirements of paragraph (1) of this subsection.

(4) The department shall have the authority to require any long-term care facility to revise its outbreak response plan as needed to come into compliance with the requirements of subsection b. of this section and the requirements of paragraph (1) of this subsection. The department may assess civil penalties or take other administrative actions against a facility in the event the department determines the facility is not in compliance with the requirements of this section.

(5) Each long term-care facility shall perform an annual training exercise to ensure its outbreak response plan is practical, comprehensive, and ensures the safety and well-being of residents and staff. The annual training exercise shall include, but shall not be limited to, coordinating with emergency medical services, hospitals, and fire and police departments. Each long-term care facility shall record a summary of the effectiveness of the training exercise and any need for future modifications to the training exercise.

d. (1) Each long-term care facility shall review and, if necessary, update its outbreak response plan on an annual basis.

(2) If a nursing home makes any material changes to its outbreak response plan, the nursing home shall, within 30 days after completing the material change, submit to the department an updated outbreak response plan. The department shall, upon receiving an updated outbreak response plan, verify that the plan is compliant with the requirements of subsections b. and c. of this section.

e. (1) The department shall require each long-term care facility to establish an infection prevention and control committee and assign to the facility's infection prevention and control committee:

(a) a physician who has completed an infectious disease fellowship, who shall be employed on a full-time or part time basis or contracted with on a consultative basis; and

(b) an individual designated as the infection preventionist who;

(i) has primary professional training in medicine, nursing, medical technology, microbiology, epidemiology, or a related field;

(ii) is qualified by education, training, and at least five years of infection control experience, or by certification in infection control by the Certification Board of Infection Control and Epidemiology;

(iii) is employed by the facility consistent with the requirements of subsection f. of this section; and

(iv) has completed specialized training in infection prevention and control.

(2) The infection prevention and control committee shall meet on at least a quarterly basis. The physician assigned to the committee pursuant to this subsection shall attend at least half of the meetings held by the infection prevention and control committee, and the infection preventionist assigned to the committee pursuant to this subsection shall attend all of the meetings held by the infection prevention and control committee.

f. (1) An infection preventionist assigned to a long-term care facility's infection prevention and control committee pursuant to subsection e. of this section shall be a managerial employee and shall be employed:

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

(b) in the case of a long-term care facility with a licensed bed capacity equal to more than 100 beds or that provides on-site hemodialysis services, on a full-time basis.

(2) The infection preventionist shall report directly to the administrator of the long-term care facility and shall provide the administrator quarterly reports detailing the effectiveness of the long-term care facility's infection prevention policies.

(3) The infection preventionist shall be responsible for:

(a) contributing to the development of policies, procedures, and a training curriculum for long-term care facility staff based on best practices and clinical expertise;

(b) monitoring the implementation of infection prevention and control policies and recommending disciplinary measures for staff who routinely violate those policies; and

(c) assessing the facility's infection prevention and control program by conducting internal quality improvement audits.

(4) A long-term facility that is unable to hire an infection preventionist on a full-time or part-time basis may contract with an infection preventionist on a consultative basis until February 1, 2022. A long-term care facility shall provide notice to the Department of Health, within 60 days after the effective date of P.L.2021, c.190 (C.26:2H-87.3 et al.), if the facility is unable to hire an infection preventionist on a full-time or part-time basis and if the facility has contracted with an infection preventionist on a consultative basis. A long-term care facility shall hire an infection preventionist on a full-time or part-time basis after February 1, 2022, except that the Department of Health may waive this requirement if a long-term care facility is unable to hire an infection preventionist **[**folllowing**]** following the facility's good faith efforts to hire an infection preventionist.

g. Each long-term care facility shall publish the facility's outbreak response plan on its Internet website if the facility maintains an Internet website, distribute copies of the plan to residents and their families upon admission to the facility, and provide notice to residents and their families any time the facility makes material changes to its plan. Each long-term care facility shall make its outbreak response plan available upon request if the facility does not maintain an Internet website.

h. Each long-term care facility shall annually perform preparedness drills to evaluate the effectiveness of its outbreak response plan.

(cf: P.L.2021, c.190, s.1)

32. Section 1 of P.L.2020, c.87 (C.26:2H-12.90) is amended to read as follows:

1. a. There is established in the Department of Health the Long-Term Care Emergency Operations Center (LTCEOC), which shall serve as the centralized command and resource center for long-term care facility response efforts and communications during

a declared public health emergency affecting or likely to affect one or more long-term care facilities. The LTCEOC shall enhance and integrate with existing State, county, and local emergency response systems.

b. The Department of Health shall have primary responsibility for the operations of the LTCEOC, but the Department of Human Services and other appropriate State agencies shall provide any staff support as shall be requested by the Commissioner of Health. The Commissioner of Health may additionally contract with a third party entity to provide staffing services as needed. At a minimum, the Commissioner of Health shall ensure that the LTCEOC has on call at all times such appropriate staff and consultants as are needed to respond to a declared public health emergency affecting or likely to affect one or more long-term care facilities, including representatives from county and local boards of health, the Office of the New Jersey Long-Term Care Ombudsman, and the Office of Emergency Management in the New Jersey State Police, the acute and post-acute health care industry, as well as experts in public health, infection control, elder affairs, disability services, emergency response, and medical transportation.

c. The primary responsibilities of the LTCEOC shall include, but shall not be limited to:

(1) establishing ongoing, direct communication with the owners and staff of long-term care facilities, unions, advocates representing residents of long-term care facilities and their families, individuals with expertise in the needs of people with specialized health care needs, and such other stakeholders as the Commissioner of Health deems necessary and appropriate during a public health emergency affecting or likely to affect one or more long-term care facilities, which may include the use of existing communication mechanisms and feedback loops in the Department of Health's Office of Disaster Resilience or Health Systems branch, as appropriate;

(2) providing technical assistance to the long-term care industry during the public health emergency, which may be facilitated through local health departments;

(3) ensuring supplies and equipment needed to respond to the public health emergency are acquired and distributed in an effective and efficient manner among long-term care facilities;

(4) utilizing the National Healthcare Safety Network database managed by the federal Centers for Disease Control and Prevention to:

(a) identify and respond to critical staffing shortages in long-term care facilities;

(b) if applicable, identify and respond to critical personal protective equipment or ventilator shortages in long-term care facilities;

(c) monitor facility capacity; and

(d) if applicable, monitor infectious disease case counts and deaths by facility; and

(5) ensuring all policies and guidance developed by the Department of Health in response to the public health emergency are effectively communicated to all long-term care industry stakeholders.

d. In the event of a public health emergency declared in response to an infectious disease outbreak, epidemic, or pandemic affecting or likely to affect one or more long-term care facilities, the LTCEOC, in consultation with other offices within the Department of Health and the Office of Emergency Management in the New Jersey Division of State Police, shall determine the need for the establishment of regional hubs capable of accepting patients who have, and are capable of transmitting, the infectious disease and who do not require hospitalization, which hubs shall comply with State and federal guidance regarding infection control practices related to the infectious disease. In the event of a surge in number of identified cases of the infectious disease, the LTCEOC shall actively monitor capacity levels at long-term care facilities and at regional hubs established pursuant to this subsection, if any, using the National Healthcare Safety Network database managed by the federal Centers for Disease Control and Prevention, and shall take steps to direct patient placements as necessary to manage capacity levels and ensure, to the extent possible, that no regional hub or long-term care facility exceeds safe capacity levels.

e. **[**As used in sections 1 through 5 of P.L.2020, c.87 (C.26:2H-12.90 through C.26:2H-12.94), "infectious disease" means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, virus, or prion. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.**]** (deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)

(cf: P.L.2020, c.87, s.1)

33. Section 1 of P.L.2020, c.113 (C.26:2H-12.97) is amended to read as follows:

1. As used in **[**this act**]** P.L.2020, c.113 (C.26:2H-12.97):

"Cohorting" means the same as that term is defined by section 1 of P.L.2019, c.243 (C.26:2H-12.87).

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Long-term care facility" or "facility" means a nursing home, assisted living facility, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).**]**

"Religious and recreational activities" includes any religious, social, or recreational activity that is consistent with the resident's preferences and choosing, regardless of whether the activity is

coordinated, offered, provided, or sponsored by facility staff or by an outside activities provider.

"Resident" means a senior citizen or other person who resides in a long-term care facility.

"Social isolation" means a state of isolation wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, and external support systems.

(cf: P.L.2020, c.113, s.1)

34. Section 1 of P.L.2020, c.135 (C.26:2H-12.100) is amended to read as follows:

1. a. Each long-term care facility shall make a good faith effort to maintain an adequate emergency stockpile of personal protective equipment necessary to meet the facility's need for personal protective equipment for:

(1) In the case of a facility that is part of a system that owns or operates eight or more facilities, 30 days;

(2) In the case of a facility that is part of a system that owns or operates fewer than eight facilities, 60 days; and

For the purposes of meeting the requirements of this subsection, a facility that is not part of a system or that is part of a system that owns or operates fewer than eight facilities may enter into a collaborative agreement with other facilities or with one or more systems, which collaborative agreement shall be deemed to render the facility part of a system comprised of the health care facility and any other health care facilities that are party to the collaborative agreement or that are part of a system that is party to the collaborative agreement. The collaborative agreement shall, at a minimum, include protocols for sharing personal protective equipment among facilities that are part of the system established pursuant to the collaborative agreement.

b. Each general acute care hospital shall make a good faith effort to maintain at least a 90-day emergency stockpile of personal protective equipment at all times. A system comprising multiple hospitals may count the total emergency stockpile of personal protective equipment available at all hospitals that are part of that system when determining whether a hospital is in compliance with the personal protective equipment emergency stockpile requirements set forth in this subsection, provided that the total quantity of personal protective equipment available throughout the system is equivalent to at least a 90-day emergency supply of personal protective equipment for each hospital that is a part of the system.

c. For the purposes of this **[**act**]** section, any determination as to whether a long-term care facility has made a good faith effort to maintain a minimum stockpile of personal protective equipment consistent with the requirements of subsection a. of this section or whether a hospital has made a good faith effort to maintain a

minimum stockpile of personal protective equipment consistent with the requirements of subsection b. of this section shall take into consideration the current state of the supply chain of personal protective equipment in the State, including, but not limited to, unit cost, recent price increases, overall availability, and delays in shipping times.

d. In determining the quantity of personal protective equipment a long-term care facility or hospital will need to maintain in order to meet the requirements of this section, the facility or hospital shall:

(1) take into account prevailing conditions in the State that may affect the need for and availability of personal protective equipment;

(2) take into account anticipated surges, over the next 90 days, in the need for personal protective equipment at that facility or hospital and at other facilities or hospitals that are part of the same system as the facility or hospital; and

(3) utilize any burn rate calculator or other tool as the Department of Health may designate for use in determining the anticipated need for personal protective equipment.

Each facility and hospital shall immediately reevaluate the adequacy of its stockpile of personal protective equipment upon any declaration of a state of emergency by the Governor or a public health emergency pursuant to P.L.2005, c.222 (C.26:13-1 et seq.) in response to an outbreak, epidemic, or pandemic involving an infectious disease, and shall acquire such additional supplies of personal protective equipment as it determines are necessary to meet increases in the need for and use of personal protective equipment during the state of emergency or public health emergency.

e. The Department of Health may impose fines or other administrative remedies against any facility or hospital that violates the requirements of this section.

f. As used in this section:

"General acute care hospital" means a general acute care hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

["Infectious disease" means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, virus, or prion. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).**]**

"Personal protective equipment" means any items commonly used to protect an individual from bacterial or viral infections, including, but not limited to, disinfecting wipes, disposable gloves,

disposable gowns, face shields, N95 face masks, surgical masks, or parts thereof.
(cf: P.L.2020, c.135, s.1)

35. Section 1 of P.L.2021, c.33 (C.26:2H-12.101) is amended to read as follows:

1. As used in **[**this act**]** P.L.2021, c.33 (C.26:2H-12.101 et seq.):

"Gender expression" means a person's gender-related appearance and behavior, whether or not stereotypically associated with the person's assigned sex at birth.

"Gender identity" means a person's internal, deeply held knowledge or sense of their own gender, regardless of the sex the person was assigned at birth.

"Gender-nonconforming" means a person whose gender expression does not conform to stereotypical expectations of that person's gender.

"Gender transition" means a process in which a person begins to live according to that person's gender identity, rather than the sex the person was assigned at birth, which process may include changing one's clothing, appearance, name, or identification documents, or undergoing medical treatments.

"Intersex" means a person whose sexual or reproductive anatomy or chromosomal pattern is not consistent with typical definitions of male or female.

"LGBTQI" means lesbian, gay, bisexual, transgender, questioning, queer, and intersex.

["Long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).**]**

"Long-term care facility staff" means all individuals employed by, or contracted directly with, a long-term care facility.

"Resident" means resident or patient of a long-term care facility.

"Queer" means a person whose gender expression, gender identity, or sexual orientation does not conform to dominant expectations or standards.

"Questioning" means a person who is exploring or unsure about the person's own sexual orientation or gender identity or expression.

"Sexual orientation" means a person's romantic or sexual attraction to other people.

"Transgender" means a person whose gender identity or gender expression differs from the sex assigned to the person at birth.

"Undesignated/non-binary" means a person whose gender identity is not exclusively male or female, including, but not limited to, a person whose gender identity is intersex, agender, amalgagender, androgynous, bigender, demigender, genderfluid,

genderqueer, neutrois, non-binary, pangender, third sex, transgender, Two Spirit, or otherwise unspecified by the person.
(cf: P.L.2021, c.33, s.1)

36. Section 1 of P.L.1984, c.114 (C.26:2H-14.1) is amended to read as follows:

1. As used in **[**this act:

a. "Department" means the State Department of Health.

b. "Heat**]** P.L.1984, c.114 (C.26:2H-14.1 et seq.), "heat emergency" means an indoor air temperature of 85 degrees Fahrenheit or higher for a continuous period of four hours or longer.
(cf: P.L.1984, c.114, s.1)

37. Section 2 of P.L.1992, c.160 (C.26:2H-18.52) is amended to read as follows:

2. As used in sections 1 through 17 of P.L.1992, c.160 (C.26:2H-18.51 through 26:2H-18.67), sections 12 through 15 of P.L.1995, c.133 (C.26:2H-18.59a through C.26:2H-18.59d), sections 7 through 12 of P.L.1996, c.28 (C.26:2H-18.59e et al.) and sections 6, 8, 10 and 11 of P.L.1997, c.263 (C.26:2H-18.58e, C.26:2H-18.58f, C.26:2H-18.58d and C.26:2H-18.59h):

"Administrator" means the administrator of the Health Care Subsidy Fund appointed by the commissioner.

"Charity care" means care provided at disproportionate share hospitals that may be eligible for a charity care subsidy pursuant to this act.

"Charity care subsidy" means the component of the disproportionate share payment that is attributable to care provided at a disproportionate share hospital to persons unable to pay for that care, as provided in this act.

"Commission" means the New Jersey Essential Health Services Commission established pursuant to section 4 of this act.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Disproportionate share hospital" means a hospital designated by the Commissioner of Human Services pursuant to Pub.L.89-97 (42 U.S.C. s.1396a et seq.) and Pub.L.102-234.

"Disproportionate share payment" means those payments made by the Division of Medical Assistance and Health Services in the Department of Human Services to hospitals defined as disproportionate share hospitals by the Commissioner of Human Services in accordance with federal laws and regulations applicable to hospitals serving a disproportionate number of low income patients.

"Fund" means the Health Care Subsidy Fund established pursuant to section 8 of **[**this act**]** P.L.1992, c.160 (C.26:2H-18.58).

["Hospital" means an acute care hospital licensed by the Department of Health pursuant to P.L.1971, c.136 (C.26:2H-1 et al.).

"Medicaid" means the New Jersey Medical Assistance and Health Services Program in the Department of Human Services established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

"Medicare" means the program established pursuant to Pub.L.89-97 (42 U.S.C. s.1395 et seq.).**]**

(cf: P.L.2012, c.17, s.220)

38. Section 1 of P.L.2019, c.330 (C.26:2H-18.79) is amended to read as follows:

1. a. As used in **[**this act:

"Commissioner" means the Commissioner of Health.

"Health**]** P.L.2019, c.330 (C.26:2H-18.79 et seq.), "health care facility" means a general or special hospital, nursing home, or home health care agency licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

b. Commencing with the onset of the first influenza season next following the effective date of **[**this act**]** P.L.2019, c.330 (C.26:2H-18.79 et seq.), each health care facility shall establish and implement an annual influenza vaccination program in accordance with the current recommendations of the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention and any rules and regulations adopted by the commissioner pursuant to **[**this act**]** P.L.2019, c.330 (C.26:2H-18.79 et seq.).

c. For the purposes of its annual influenza vaccination program, each health care facility shall:

(1) annually provide an on-site or off-site influenza vaccination to each of its employees;

(2) require that each employee at the facility receive an influenza vaccination annually, no later than December 31 of the current influenza season as determined by the federal Centers for Disease Control and Prevention, which vaccination shall be provided by the health care facility, except that an employee may, in lieu of receiving the influenza vaccination at the facility, present acceptable proof, comprising:

(a) an attestation from the employee, which shall be submitted in a form and manner designated by the facility, of a current influenza vaccination if the employee receives the vaccination from another vaccination source, which attestation shall include the lot number of the vaccination the employee received; or **[**;**]**

(b) a medical exemption, which shall be submitted using a form designated by the Department of Health, stating that the influenza vaccination for that employee is medically contraindicated, as enumerated by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention. An

attestation of a medical exemption shall be subject to approval by the facility following a review by the facility to confirm the medical exemption is consistent with standards enumerated by the Advisory Committee on Immunization Practices;

(3) maintain a record or attestation, as applicable, of influenza vaccinations and medical exemptions for each employee and report to the Department of Health, in a manner and according to a schedule prescribed by the commissioner, the vaccination percentage rate of its workforce in receiving influenza vaccinations as part of the facility's annual vaccination program or by other means as attested to by the workforce, as applicable. The report may also include other information that the facility deems relevant to its vaccination percentage rate, including, but not limited to, the number of employees who received medical exemptions;

(4) provide an educational component to its program that is designed to inform employees about: influenza vaccination; non-vaccine influenza control measures; and the symptoms, transmission, and potential impact of influenza;

(5) annually conduct an evaluation of the program with the goal of improving the rate of vaccination among its employees; and

(6) require any employee who does not receive an influenza vaccination to wear a surgical or procedural mask when in direct contact with patients and in common areas, as specified in facility policy, or to be removed from direct patient care responsibilities during influenza season.

d. A health care facility may suspend its annual influenza vaccination program pursuant to this **[**act**]** section in the event of a shortage of influenza vaccine as determined by the commissioner.

e. (1) The commissioner may assess such penalties and take other actions against a health care facility, as provided in P.L.1971, c.136 (C.26:2H-1 et seq.), or any rules and regulations adopted pursuant thereto, for any determination by the commissioner of noncompliance by a health care facility or any of its employees with the provisions of this **[**act**]** section.

(2) The commissioner shall seek to minimize any record-keeping burden imposed on a health care facility pursuant to this **[**act**]** section and shall take such actions as are necessary to ensure the confidentiality of any data furnished to the department pursuant to this **[**act**]** section that may contain information identifying an individual employee.

(3) The commissioner shall make available to the public aggregate data reported by a facility pursuant to paragraph (3) of subsection c. of this section.

f. A health care facility shall not discharge or reduce the pay of an employee who receives a medical exemption from the annual influenza vaccination requirement.

g. Nothing in this section shall be construed to prohibit a health care facility from adopting additional policies and procedures with

regard to the annual influenza vaccine that are not inconsistent with the requirements of this section.
(cf: P.L.2019, c.330, s.1)

39. Section 1 of P.L.1977, c.237 (C.26:2H-32) is amended to read as follows:

1. The following words or phrases, as used in P.L.1977, c.237 (C.26:2H-32 et seq.), shall have the following meanings, unless the context otherwise requires:

[a. "Nursing home" means a facility providing therein nursing care to persons who are sick, invalid, convalescing, or who have disabilities, in addition to providing lodging and board or health-related service, or any combination of the foregoing and in addition thereto, providing nursing care and health-related service, or either of them, to persons who are not occupants of the facility.

b.**]** "Affiliate" means (1) with respect to a partnership, each partner thereof; (2) with respect to a corporation, each officer, director, principal stockholder, or controlling person thereof; (3) with respect to a natural person, (a) each member of said person's immediate family, (b) each partnership and each partner thereof of which said person or any affiliate of said person is a partner, and (c) each corporation in which said person or any affiliate of said person is an officer, director, principal stockholder, or controlling person.

[c.**]** "Controlling person" of any corporation, partnership, or other entity means any person who has the ability, directly or indirectly, to direct or cause the direction of the management or policies of said corporation, partnership, or other entity.

[d.**]** "Immediate family" of any person includes each parent, child, spouse, brother, sister, first cousin, aunt and uncle of such person, whether such relationship arises by birth, marriage or adoption, as well as the person's domestic partner or partner in civil union of that person as defined in section 3 of P.L.2003, c.246 (C.26:8A-3) or section 2 of P.L.2006, c.103, (C.37:1-29) and the partner's parent and adult child.

[e.**]** <u>"Nursing home" means a facility providing therein nursing care to persons who are sick, invalid, convalescing, or who have disabilities, in addition to providing lodging and board or health-related service, or any combination of the foregoing and in addition thereto, providing nursing care and health-related service, or either of them, to persons who are not occupants of the facility.</u>

"Principal stockholder" of a corporation means any person who beneficially owns, holds or has the power to vote, 10**[**%**]** <u>percent</u> or more of any class of securities issued by said corporation.
(cf: P.L.2017, c.131, s.97)

40. Section 2 of P.L.1977, c.238 (C.26:2H-37) is amended to read as follows:

2. As used in **[**this act**]** P.L.1977, c.238 (C.26:2H-36 et seq.), and unless the context otherwise requires:

[a.**]**"Boarding or nursing home" or "home" means: a private nursing home or convalescent home regulated under chapter 11 of Title 30 of the Revised Statutes; a facility or institution, private or public, regulated and licensed as an extended care facility, skilled nursing home, nursing home, or intermediate care facility pursuant to P.L.1971, c.136 (C.26:2H-1 to 26:2H-26); a residential health care facility, as defined in section 1 of P.L.1953, c.212 (C.30:11A-1) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 to 26:2H-26); or a dementia care home as defined in section 17 of P.L.2015, c.125 (C.26:2H-148).

[b. "Owner" means the holder or holders of the title in fee simple to the property on which the home is located.

c.**]** "Licensee" means the holder or holders of a license to operate a boarding or nursing home pursuant to chapter 11 of Title 30 of the Revised Statutes, P.L.1953, c.212 (C.30:11A-1 to 30:11A-14) or P.L.1971, c.136 (C.26:2H-1 to 26:2H-26).

[d. "Department" means the State Department of Health.**]**

"Owner" means the holder or holders of the title in fee simple to the property on which the home is located.

(cf: P.L.2015, c.125, s.7)

41. Section 3 of P.L.1991, c.201 (C.26:2H-55) is amended to read as follows:

3. As used in P.L.1991, c.201 (C.26:2H-53 et seq.):

["Adult" means an individual who has reached majority pursuant to section 3 of P.L.1972, c.81 (C.9:17B-3).**]**

"Advance directive for health care" or "advance directive" means a writing executed in accordance with the requirements of P.L.1991, c.201. An "advance directive" may include a proxy directive or an instruction directive, or both.

"Attending physician" means the physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient.

"Decision making capacity" means a patient's ability to understand and appreciate the nature and consequences of health care decisions, including the benefits and risks of each, and alternatives to any proposed health care, and to reach an informed decision. A patient's decision making capacity is evaluated relative to the demands of a particular health care decision.

"Declarant" means an adult who has the mental capacity to execute an advance directive and does so.

"Do not resuscitate order" means a physician's written order not to attempt cardiopulmonary resuscitation in the event the patient suffers a cardiac or respiratory arrest.

"Emergency care" means immediate treatment provided in response to a sudden, acute, and unanticipated medical crisis in order to avoid injury, impairment, or death.

"Health care decision" means a decision to accept or to refuse any treatment, service, or procedure used to diagnose, treat, or care for a patient's physical or mental condition, including life-sustaining treatment. "Health care decision" also means a decision to accept or to refuse the services of a particular physician, nurse, other health care professional or health care institution, including a decision to accept or to refuse a transfer of care.

"Health care institution" means all institutions, facilities, and agencies licensed, certified, or otherwise authorized by State law to administer health care in the ordinary course of business, including hospitals, nursing homes, residential health care facilities, dementia care homes, home health care agencies, hospice programs operating in this State, mental health institutions, facilities or agencies, or institutions, facilities, and agencies for the developmentally disabled. The term "health care institution" shall not be construed to include "health care professionals" as defined in **[**P.L.1991, c.201**]** this section.

"Health care professional" means an individual licensed by this State to administer health care in the ordinary course of business or practice of a profession.

"Health care representative" means the individual designated by a declarant pursuant to the proxy directive part of an advance directive for the purpose of making health care decisions on the declarant's behalf, and includes an individual designated as an alternate health care representative who is acting as the declarant's health care representative in accordance with the terms and order of priority stated in an advance directive.

"Instruction directive" means a writing which provides instructions and direction regarding the declarant's wishes for health care in the event that the declarant subsequently lacks decision making capacity.

"Life-sustaining treatment" means the use of any medical device or procedure, artificially provided fluids and nutrition, drugs, surgery or therapy that uses mechanical or other artificial means to sustain, restore, or supplant a vital bodily function, and thereby increase the expected life span of a patient.

"Other health care professionals" means health care professionals other than physicians and nurses.

"Patient" means an individual who is under the care of a physician, nurse, or other health care professional.

"Permanently unconscious" means a medical condition that has been diagnosed in accordance with currently accepted medical standards and with reasonable medical certainty as total and irreversible loss of consciousness and capacity for interaction with the environment. The term "permanently unconscious" includes without limitation a persistent vegetative state or irreversible coma.

"Physician" means an individual licensed to practice medicine and surgery in this State.

"Proxy directive" means a writing which designates a health care representative in the event the declarant subsequently lacks decision making capacity.

["State" means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.**]**

"Terminal condition" means the terminal stage of an irreversibly fatal illness, disease or condition. A determination of a specific life expectancy is not required as a precondition for a diagnosis of a "terminal condition," but a prognosis of a life expectancy of six months or less, with or without the provision of life-sustaining treatment, based upon reasonable medical certainty, shall be deemed to constitute a terminal condition.

(cf: P.L.2015, c.125, s.8)

42. Section 2 of P.L.2021, c.190 (C.26:2H-87.3) is amended to read as follows:

2. a. As used in this section:

"Assisted living facility" means an assisted living residence licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Cohorting" means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

"Comprehensive personal care home" means a comprehensive personal care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Dementia care home" means a dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

["Department" means the Department of Health.**]**

"Endemic level" means the usual level of given disease in a geographic area.

"Facility" means an assisted living facility, a comprehensive personal care home, a dementia care home, or a residential health care facility.

"Isolating" means the process of separating sick, contagious persons from those who are not sick.

"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels.

"Residential health care facility" means a residential health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

b. Notwithstanding any provision of law to the contrary, as a condition of licensure, the department shall require facilities to develop an outbreak response plan within 180 days after the effective date of **[**this act**]** P.L.2021, c.190 (C.26:2H-87.3 et al.), which plan shall be customized to the facility, based upon national standards and developed in consultation with the facility's infection

prevention and control committee. At a minimum, each facility's plan shall include, but shall not be limited to:

(1) a protocol for isolating and cohorting infected and at-risk residents in the event of an outbreak of a contagious disease until the cessation of the outbreak;

(2) clear policies for the notification of residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease at a facility;

(3) information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures;

(4) policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak;

(5) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations; and

(6) a documented strategy for securing more staff in the event of an outbreak of infectious disease among staff or another emergent or non-emergent situation affecting staffing levels at the facility during an outbreak of an infectious disease.

c. (1) In addition to the requirements set forth in subsection b. of this section, the department shall require a facility to include in the facility's outbreak response plan written policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including employing an individual who meets the requirements of paragraph (1) of subsection e. of this section.

(2) Each facility that has not previously submitted an outbreak response plan to the department shall submit an outbreak response plan to the department for verification as provided in paragraph (3) of this subsection.

(3) The department shall verify that the outbreak response plans submitted by facilities are in compliance with the requirements of subsection b. of this section and with the requirements of paragraph (1) of this subsection.

(4) The department shall have the authority to require any facility to revise its outbreak response plan as needed to come into compliance with the requirements of subsection b. of this section and the requirements of paragraph (1) of this subsection. The department may assess civil penalties or take other administrative actions against a facility in the event the department determines the facility is not in compliance with the requirements of this section.

d. (1) Each facility shall review and, if necessary, update its outbreak response plan on an annual basis.

(2) If a facility makes any material changes to its outbreak response plan, the facility shall, within 30 days after completing the material change, submit to the department an updated outbreak

response plan. The department shall, upon receiving an updated outbreak response plan, verify that the plan is compliant with the requirements of subsections b. and c. of this section.

e. (1) The department shall require each facility to establish an infection prevention and control committee and assign to the facility's infection prevention and control committee an individual designated as the infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate therefrom.

(2) The infection prevention and control committee shall meet on at least a quarterly basis. The infection preventionist assigned to the committee pursuant to this subsection shall attend all of the meetings held by the infection prevention and control committee.

f. (1) An infection preventionist assigned to a facility's infection prevention and control committee pursuant to subsection e. of this section shall be a managerial employee and:

(a) in the case of a facility with multiple locations, the facility shall be permitted to employ one full-time infection preventionist who shall be responsible for up to five locations; and

(b) in the case of a facility located in the same building or on the same property as a nursing home or a facility that is located within a continuing care retirement community, the facility shall be permitted to hire one full-time infection control preventionist who will be responsible for the facility and the nursing home or for the facility and the continuing care retirement community.

(2) The infection preventionist shall report directly to the administrator of the facility and shall provide the administrator quarterly reports detailing the effectiveness of the facility's infection prevention policies.

(3) The infection preventionist shall be responsible for:

(a) contributing to the development of policies, procedures, and a training curriculum for facility staff based on best practices and clinical expertise;

(b) monitoring the implementation of infection prevention and control policies and recommending disciplinary measures for staff who routinely violate those policies;

(c) assessing the facility's infection prevention and control program by conducting internal quality improvement audits; and

(d) directly training all employees in infection prevention at such intervals as determined by the department.

(4) A facility that is unable to hire an infection preventionist on a full-time or part-time basis may contract with an infection preventionist on a consultative basis until February 1, 2022. A facility shall provide notice to the Department of Health, within 60 days after the effective date of P.L.2021, c.190 (C.26:2H-87.3 et al.), if the facility is unable to hire an infection preventionist on a

full-time or part-time basis and if the facility has contracted with an infection preventionist on a consultative basis. A facility shall hire an infection preventionist on a full-time or part-time basis after February 1, 2022, except that the Department of Health may waive this requirement if a facility is unable to hire an infection preventionist following the facility's good faith efforts to hire an infection preventionist.

g. Each facility shall publish the facility's outbreak response plan on its Internet website if the facility maintains an Internet website, distribute copies of the plan to residents and their families upon admission to the facility, and provide notice to residents and their families any time the facility makes material changes to its plan. Each facility shall make its outbreak response plan available upon request if the facility does not maintain an Internet website.

h. Each facility shall annually perform preparedness drills to evaluate the effectiveness of its outbreak response plan.

i. Each facility shall designate employees who receive special training in infection control and who shall be representative of the facility's staff, including certified nurse aides, licensed practical nurses, and registered nurses. Such employees shall assist training staff, distribute infection control information, assist with infection control implementation and policy development, and participate in quarterly infection control training exercises to maintain competency in using personal protection equipment.

(cf: P.L.2021, c.190, s.2)

43. Section 1 of P.L.1997, c.296 (C.26:2H-88) is amended to read as follows:

1. As used in **[**this act:

"Medicaid" means the program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

"Medicare" means the program established pursuant to Pub.L.89-97 (42 U.S.C. s.1395 et seq.).**]** P.L.1997, c.296 (C.26:2H-88 et seq.), "PACE" means the "Program of All-Inclusive Care for the Elderly," operated by a public, private, nonprofit, or proprietary entity, as permitted by federal law. The program is a comprehensive health and social services delivery system that integrates acute and long-term care services. PACE is a capitated program which provides services to disabled and frail elderly persons who are certified by the State as nursing home eligible to maximize their autonomy and continued independence.

(cf: P.L.2015, c.152, s.1)

44. Section 3 of P.L.2003, c.105 (C.26:2H-94) is amended to read as follows:

3. As used in **[**this act**]** P.L.2003, c.105 (C.26:2H-92 et seq.):

"Commissioner" means the Commissioner of Human Services.

"Department" means the Department of Human Services.

"Director" means the Director of the Division of Taxation in the Department of the Treasury.

"Fund" means the "Nursing Home Quality of Care Improvement Fund" established pursuant to **[**this act**]** P.L.2003, c.105 (C.26:2H-92 et seq.).

["Medicaid" means the Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).**]**

"Nursing home" means a long-term care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), as well as the distinct part of another health care facility or continuing care retirement community that is licensed to provide skilled nursing care services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). For the purposes of **[**this act**]** P.L.2003, c.105 (C.26:2H-92 et seq.), nursing home shall not include: an acute care hospital; assisted living facility; comprehensive personal care home; residential health care facility; adult day health care facility; alternate family care program; adult family care program; home health care agency; State psychiatric hospital; county health care facility, including, but not limited to, county geriatric center, county nursing home or other county long-term care facility; the New Jersey Firemen's Home; or a health care facility operated by the Department of Military and Veterans' Affairs.

(cf: P.L.2012, c.17, s.246)

45. Section 3 of P.L.2005, c.233 (C.26:2H-104) is amended to read as follows:

3. As used in **[**this act**]** P.L.2005, c.233 (C.26:2H-102 et al.):

["Adult" means an individual who has reached majority pursuant to section 3 of P.L.1972, c.81 (C.9:17B-3).**]**

"Advance directive for mental health care" or "advance directive" means a writing executed in accordance with the requirements of this act. An "advance directive" may include a proxy directive or an instruction directive, or both.

"Decision-making capacity" means a patient's ability to understand and appreciate the nature and consequences of mental health care decisions, including the benefits and risks of each, and alternatives to any proposed mental health care, and to reach an informed decision. A patient's decision-making capacity is evaluated relative to the demands of a particular mental health care decision.

"Declarant" means an adult who has the mental capacity to execute an advance directive for mental health care and does so.

"Domestic partner" means a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3).

"Instruction directive" means a writing which provides instructions and direction regarding the declarant's wishes for mental health care in the event that the declarant subsequently lacks decision-making capacity.

"Mental health care decision" means a decision to accept or refuse any treatment, service, or procedure used to diagnose, treat, or care for a patient's mental condition. "Mental health care decision" also means a decision to accept or refuse the services of a particular mental health care professional or psychiatric facility, including a decision to accept or to refuse a transfer of care.

"Mental health care professional" means an individual licensed or certified by this State to provide or administer mental health care in the ordinary course of business or practice of a profession.

"Mental health care representative" means the individual designated by a declarant pursuant to the proxy directive part of an advance directive for mental health care for the purpose of making mental health care decisions on the declarant's behalf, and includes an individual designated as an alternate mental health care representative who is acting as the declarant's mental health care representative in accordance with the terms and order of priority stated in an advance directive for mental health care.

"Patient" means an individual who is under the care of a mental health care professional.

"Proxy directive" means a writing which designates a mental health care representative in the event that the declarant subsequently lacks decision-making capacity.

"Psychiatric facility" means a State psychiatric facility listed in R.S.30:1-7, a county psychiatric hospital or the psychiatric unit of a county hospital, a short-term care facility, special psychiatric hospital or psychiatric unit of a general hospital or other health care facility licensed by the Department of Health pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), or a hospital or community-based mental health center or other entity licensed or funded by the Department of Human Services to provide community-based mental health services.

"Responsible mental health care professional" means a person licensed or certified by the State to provide or administer mental health care who is selected by, or assigned to, the patient and has primary responsibility for the care and treatment of the patient.

["State" means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.**]**

(cf: P.L.2013, c.103, s.69)

46. Section 3 of P.L.2011, c.145 (C.26:2H-131) is amended to read as follows:

3. As used in sections 1 through 12 of **[**this act**]** P.L.2011, c.145 (C.26:2H-129 through C.26:2H-140):

"Advance directive" means an advance directive for health care as defined in section 3 of P.L.1991, c.201 (C.26:2H-55).

"Advanced practice nurse" or "APN" means a person who is certified as an advanced practice nurse pursuant to P.L.1991, c.377 (C.45:11-45 et seq.).

["Commissioner" means the Commissioner of Health.**]**

"Decision-making capacity" means a patient's ability to understand and appreciate the nature and consequences of a particular health care decision, including the benefits and risks of that decision, and alternatives to any proposed health care, and to reach an informed decision.

["Department" means the Department of Health.**]**

"Emergency care" means the use of resuscitative measures and other immediate treatment provided in response to a sudden, acute, and unanticipated medical crisis in order to avoid injury, impairment, or death.

"Emergency care provider" means an emergency medical technician, paramedic, or member of a first aid, ambulance, or rescue squad.

"Health care decision" means a decision to accept, withdraw, or refuse a treatment, service, or procedure used to diagnose, treat, or care for a person's physical or mental condition, including life-sustaining treatment.

"Health care institution" means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a psychiatric facility as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), or a State developmental center listed in R.S.30:1-7.

"Health care professional" means a health care professional who is licensed or otherwise authorized to practice a health care profession pursuant to Title 45 or Title 52 of the Revised Statutes and is currently engaged in that practice.

"Life-sustaining treatment" means the use of any medical device or procedure, artificially provided fluids and nutrition, drugs, surgery, or therapy that uses mechanical or other artificial means to sustain, restore, or supplant a vital bodily function, and thereby increase the expected life span of a patient.

"Patient" means a person who is under the care of a physician, physician assistant, or APN.

"Patient's representative" means an individual who is designated by a patient or otherwise authorized under law to make health care decisions on the patient's behalf if the patient lacks decision-making capacity.

"Physician" means a person who is licensed to practice medicine and surgery pursuant to chapter 9 of Title 45 of the Revised Statutes.

"Physician **[**Assistant**]** 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).

"Practitioner Orders for Life-Sustaining Treatment form" or "POLST form" means a standardized printed document that is uniquely identifiable and has a uniform color, which:

a. is recommended for use on a voluntary basis by patients who have advanced chronic progressive illness or a life expectancy of less than five years, or who otherwise wish to further define their preferences for health care;

b. does not qualify as an advance directive;

c. is not valid unless it meets the requirements for a completed POLST form as set forth in this act;

d. provides a means by which to indicate whether the patient has made an anatomical gift pursuant to P.L.2008, c.50 (C.26:6-77 et al.);

e. is intended to provide direction to emergency care personnel regarding the use of emergency care, and to a health care professional regarding the use of life-sustaining treatment, with respect to the patient, by indicating the patient's preference concerning the use of specified interventions and the intensity of treatment for each intervention;

f. is intended to accompany the patient, and to be honored by all personnel attending the patient, across the full range of possible health care settings, including the patient's home, a health care institution, or otherwise at the scene of a medical emergency; and

g. may be modified or revoked at any time by a patient with decision-making capacity or the patient's representative in accordance with the provisions of section 7 of **[**this act**]** P.L.2011, c.145 (C.26:2H-135).

"Resuscitative measures" means cardiopulmonary resuscitation provided in the event that a patient suffers a cardiac or respiratory arrest.

(cf: P.L.2019, c.218, s.4)

47. Section 3 of P.L.2013, c.143 (C.26:2H-143) is amended to read as follows:

3. As used in **[**this act**]** P.L.2013, c.143 (C.26:2H-141 et seq.):

"Child" means a child who is under 19 years of age.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Health care professional" means a physician or registered professional nurse licensed to practice in this State.

"Registry" means the Children's Sudden Cardiac Events Registry established pursuant to **[**this act**]** P.L.2013, c.143 (C.26:2H-141 et seq.).

"Sudden cardiac event" means a death or aborted death due to a cardiac arrhythmia resulting in loss of consciousness requiring cardiopulmonary resuscitation, defibrillation, or other advanced life support measures to regain normal heart function.

(cf: P.L.2013, c.143, s.3)

48. Section 17 of P.L.2015, c.125 (C.26:2H-148) is amended to read as follows:

17. As used in sections 18 through 26 of P.L.2015, c.125 (C.26:2H-149 et seq.):

["Alzheimer's disease and related disorders" means a form of dementia characterized by a general loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning.

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Dementia" means a chronic or persistent disorder of the mental processes due to organic brain disease, for which no curative treatment is available, and marked by memory disorders, changes in personality, deterioration in personal care, impaired reasoning ability, and disorientation.

"Dementia care home" means a community residential facility which: (1) provides services to residents with special needs, including, but not limited to, persons with Alzheimer's disease and related disorders or other forms of dementia; (2) is subject to the licensure authority of the Department of Health as a health care facility pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.); (3) and meets the requirements of section 19 of P.L.2015, c.125 (C.26:2H-150).

(cf: P.L.2015, c.125, s.17)

49. Section 3 of 1972, c.29 (C.26:2I-3) is amended to read as follows:

3. As used in **[**this act**]** P.L.1972, c.29 (C.26:2I-1 et seq.), the following words and terms shall have the following meanings, unless the context indicates or requires another or different meaning or intent:

"Authority" means the New Jersey Health Care Facilities Financing Authority created by **[**this act**]** P.L.1972, c.29 (C.26:2I-1 et seq.) or any board, body, commission, department, or officer succeeding to the principal functions thereof or to whom the powers conferred upon the authority by **[**this act**]** P.L.1972, c.29 (C.26:2I-1 et seq.) shall be given by law.

"Bond" means bonds, notes, or other evidences of indebtedness of the authority issued pursuant to **[**this act**]** P.L.1972, c.29 (C.26:2I-1 et seq.).

["Commissioner" means the Commissioner of Health.**]**

"Credit agreement" means a loan agreement, revolving credit agreement, agreement establishing a line of credit, letter of credit, reimbursement agreement, interest exchange agreement, insurance contract, surety bond, commitment to purchase bonds, purchase or sale agreement, or commitment or other contract or agreement authorized and approved by the authority in connection with the authorization, issuance, security or payment of bonds.

"Health care organization" means an organization located in this State which is authorized or permitted by law, whether directly or indirectly through a holding corporation, partnership, or other entity, to provide health care-related services, including, but not limited to, hospital, outpatient, public health, home health care, residential care, assisted living, hospice, health maintenance organization, blood bank, alcohol or drug abuse, half-way house, diagnostic, treatment, rehabilitation, extended care, skilled nursing care, nursing care, intermediate care, tuberculosis care, chronic disease care, maternity, mental health, boarding or sheltered care or day care, services provided by a physician in **[**his**]** the physician's office, or any other service offered in connection with health care services or by an entity affiliated with a health care organization or an integrated delivery system.

"Hospital asset transformation program" means the hospital asset transformation program established pursuant to subsection g. of section 7 of P.L.1972, c.29 (C.26:2I-7).

"Integrated delivery system" means a group of legally affiliated health care organizations.

"Public health care organization" means a State, county, or municipal health care organization.

"Project" or "health care organization project" means the acquisition, construction, improvement, renovation, or rehabilitation of lands, buildings, fixtures, equipment, and articles of personal property, or other tangible or intangible assets that are necessary or useful in the development, establishment, or operation of a health care organization pursuant to **[**this act**]** P.L.1972, c.29 (C.26:2I-1 et seq.), and "project" or "health care organization project" may include: the financing, refinancing, or consolidation of secured or unsecured debt, borrowings, or obligations, or the provision of financing for any other expense incurred in the ordinary course of business, all of which lands, buildings, fixtures, equipment, and articles of personal property are to be used or occupied by any person in the health care organization; the acquisition of an entity interest, including capital stock, in a corporation; or any combination thereof; and may include any combination of the foregoing undertaken jointly by any health care organization with one or more other health care organizations.

"Project cost" or "health care organization project cost" means the sum total of all or any part of costs incurred or estimated to be incurred by the authority or by a health care organization which are reasonable and necessary for carrying out all works and undertakings and providing all necessary equipment for the development of a project, exclusive of the amount of any private or federal, State, or local financial assistance for and received by a health care organization for the payment of such project cost. Such costs shall include, but are not necessarily limited to: interest prior to, during and for a reasonable period after such development; start-up costs and costs of operation and maintenance during the

construction period and for a reasonable additional period thereafter; organization, administration, operation, and other expenses of the health care organization prior to and during construction; the cost of necessary studies, surveys, plans, and specifications, architectural, engineering, legal, or other special services; the cost of acquisition of land, buildings, and improvements thereon (including payments for the relocation of persons displaced by such acquisition), site preparation and development, construction, reconstruction, equipment, including fixtures, equipment, and cost of demolition and removal, and articles of personal property required; the reasonable cost of financing incurred by a health care organization or the authority in the course of the development of the project; reserves for debt service; the fees imposed upon a health care organization by the commissioner and by the authority; other fees charged, and necessary expenses incurred in connection with the initial occupancy of the project; and the cost of such other items as may be reasonable and necessary for the development of a project; as well as provision or reserves for working capital, operating or maintenance or replacement expenses, or for payment or security of principal of, or interest on, bonds.
(cf: P.L.2012, c.17, s.258)

50. Section 2 of P.L.1973, c.337 (C.26:2J-2) is amended to read as follows:

2. **[**a. "Commissioner" means the State Commissioner of Health.

b.**]** "Basic health care services" means those services, including but not limited to emergency care, inpatient hospital and physician care, and outpatient medical services, designated by regulations promulgated by the commissioner.

[c. "Health care services" includes basic health care services and any additional services designated by regulations promulgated by the commissioner.

d.**]** "Enrollee" means an individual who has been enrolled with a health maintenance organization.

[e.**]**"Evidence of coverage" means any booklet, certificate, agreement, or contract issued to an enrollee setting out the services and other benefits to which he is entitled.

[f.**]** <u>"Health care facility" means the facility or institution whether public or private, engaged in providing services for health maintenance organizations, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, tuberculosis hospital, chronic disease hospital, maternity hospital, outpatient clinic,</u>

dispensary, home health care agency, boarding home or other home for the sheltered care of adult persons and bio-analytical laboratory or central services facility serving one or more such institutions but excluding institutions that provide healing solely by prayer.

"Health care services" includes basic health care services and any additional services designated by regulations promulgated by the commissioner.

"Health maintenance organization" means any person which directly or through contracts with providers furnishes at least basic comprehensive health care services on a prepaid basis to enrollees in a designated geographical area.

[g. "Person" means any natural or artificial person including but not limited to individuals, partnerships, associations, trusts, or corporations.

h.**]** "Provider" means any physician, hospital, or other person which is licensed or otherwise authorized in this State to furnish health care services.

[i. "Health care facility" means the facility or institution whether public or private, engaged in providing services for health maintenance organizations, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, tuberculosis hospital, chronic disease hospital, maternity hospital, outpatient clinic, dispensary, home health care agency, boarding home or other home for the sheltered care of adult persons and bio-analytical laboratory or central services facility serving one or more such institutions but excluding institutions that provide healing solely by prayer.**]**

(cf: P.L.1973, c.337, s.2)

51. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to read as follows:

8. a. (1) Every enrollee agreement delivered, issued, executed, or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of **[**this act**]** P.L.1999, c.106 (C.17:48-6v et al.) shall provide health care services for mental health conditions and substance use disorders under the same terms and conditions as provided for any other sickness under the agreement and shall meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal guidance or regulations issued under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

Coverage provided pursuant to this section shall include benefits delivered through the psychiatric Collaborative Care Model.

(2) As used in this section:

"Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.

"Psychiatric Collaborative Care Model" means the evidence-based, integrated behavioral health service delivery method wherein a primary care provider and a care manager collaborate with a psychiatric consultant to provide care to a patient. "Psychiatric Collaborative Care Model" shall include those benefits that are billed using the following list of Current Procedural Terminology (CPT) codes, which list shall be updated by the Commissioner of Banking and Insurance whenever the codes are altered or supplemented:

(a) 99492 - Initial psychiatric collaborative care management;

(b) 99493 - Subsequent psychiatric collaborative care management; and

(c) 99494 - Initial or subsequent psychiatric collaborative care management, additional time.

"Same terms and conditions" means that the health maintenance organization cannot apply more restrictive non-quantitative limitations, such as utilization review and other criteria or more quantitative limitations such as copayments, deductibles, aggregate or annual limits or health care services limits to mental health condition and substance use disorder services than those applied to substantially all other medical or surgical health care services.

["Substance use disorder" means a disorder defined to be consistent with generally recognized independent standards of current medical practice referenced in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.**]**

b. (Deleted by amendment, P.L.2019, c.58)

c. The provisions of this section shall apply to enrollee agreements in which the health maintenance organization has reserved the right to change the premium.

d. Nothing in this section shall reduce the requirement for a health maintenance organization to provide benefits pursuant to section 8 of P.L.2017, c.28 (C.26:2J-4.39).

(cf: P.L.2022, c.33, s.8)

52. Section 8 of P.L.2017, c.28 (C.26:2J-4.39) is amended to read as follows:

8. a. A health maintenance organization contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of **[**this act**]** P.L.2017, c.28

(C.17:48-6nn et al.), shall provide unlimited benefits for inpatient and outpatient treatment of substance use disorder at in-network facilities. The services for the treatment of substance use disorder shall be prescribed by a licensed physician, licensed psychologist, or licensed psychiatrist and provided by licensed health care professionals or licensed or certified substance use disorder providers in licensed or otherwise State-approved facilities, as required by the laws of the state in which the services are rendered.

b. The benefits for the first 180 days per plan year of inpatient and outpatient treatment of substance use disorder shall be provided when determined medically necessary by the covered person's physician, psychologist or psychiatrist without the imposition of any prior authorization or other prospective utilization management requirements. The facility shall notify the health maintenance organization of both the admission and the initial treatment plan within 48 hours of the admission or initiation of treatment. If there is no in-network facility immediately available for a covered person, a health maintenance organization shall provide necessary exceptions to their network to ensure admission in a treatment facility within 24 hours.

c. Providers of treatment for substance use disorder to persons covered under a covered contract shall not require pre-payment of medical expenses during this 180 days in excess of applicable co-payment, deductible, or co-insurance under the policy.

d. The benefits for outpatient visits shall not be subject to concurrent or retrospective review of medical necessity or any other utilization management review.

e. (1) The benefits for the first 28 days of an inpatient stay during each plan year shall be provided without any retrospective review or concurrent review of medical necessity and medical necessity shall be as determined by the covered person's physician.

(2) The benefits for days 29 and thereafter of inpatient care shall be subject to concurrent review as defined in this section. A request for approval of inpatient care beyond the first 28 days shall be submitted for concurrent review before the expiration of the initial 28-day period. A request for approval of inpatient care beyond any period that is approved under concurrent review shall be submitted within the period that was previously approved. No health maintenance organization shall initiate concurrent review more frequently than at two-week intervals. If a health maintenance organization determines that continued inpatient care in a facility is no longer medically necessary, the health maintenance organization shall within 24 hours provide written notice to the covered person and the covered person's physician of its decision and the right to file an expedited internal appeal of the determination pursuant to an expedited process pursuant to sections 11 through 13 of P.L.1997, c.192 (C.26:2S-11 through 26:2S-13) and N.J.A.C.11:24A-3.5, as applicable. The health maintenance organization shall review and make a determination with respect to the internal appeal within 24

hours and communicate such determination to the covered person and the covered person's physician. If the determination is to uphold the denial, the covered person and the covered person's physician have the right to file an expedited external appeal with the Independent Health Care Appeals Program in the Department of Banking and Insurance pursuant to sections 11 through 13 of P.L.1997, c.192 (C.26:2S-11 through 26:2S-13) and N.J.A.C.11:24A-3.6, as applicable. An independent utilization review organization shall make a determination within 24 hours. If the health maintenance organization's determination is upheld and it is determined continued inpatient care is not medically necessary, the carrier shall remain responsible to provide benefits for the inpatient care through the day following the date the determination is made and the covered person shall only be responsible for any applicable co-payment, deductible and co-insurance for the stay through that date as applicable under the policy. The covered person shall not be discharged or released from the inpatient facility until all internal appeals and independent utilization review organization appeals are exhausted. For any costs incurred after the day following the date of determination until the day of discharge, the covered person shall only be responsible for any applicable cost-sharing, and any additional charges shall be paid by the facility or provider.

f. (1) The benefits for the first 28 days of intensive outpatient or partial hospitalization services shall be provided without any retrospective review of medical necessity and medical necessity shall be as determined by the covered person's physician.

(2) The benefits for days 29 and thereafter of intensive outpatient or partial hospitalization services shall be subject to a retrospective review of the medical necessity of the services.

g. Benefits for inpatient and outpatient treatment of substance use disorder after the first 180 days per plan year shall be subject to the medical necessity determination of the health maintenance organization and may be subject to prior authorization or, retrospective review and other utilization management requirements.

h. Medical necessity review shall utilize an evidence-based and peer reviewed clinical review tool to be designated through rulemaking by the Commissioner of Human Services in consultation with the Department of Health.

i. The benefits for outpatient prescription drugs to treat substance use disorder shall be provided when determined medically necessary by the covered person's physician, psychologist or psychiatrist without the imposition of any prior authorization or other prospective utilization management requirements.

j. The first 180 days per plan year of benefits shall be computed based on inpatient days. One or more unused inpatient days may be exchanged for two outpatient visits. All extended outpatient services such as partial hospitalization and intensive

outpatient, shall be deemed inpatient days for the purpose of the visit to day exchange provided in this subsection.

k. Except as stated above, the benefits and cost-sharing shall be provided to the same extent as for any other medical condition covered under the contract.

l. The benefits required by this section are to be provided to all covered persons with a diagnosis of substance use disorder. The presence of additional related or unrelated diagnoses shall not be a basis to reduce or deny the benefits required by this section.

m. The provisions of this section shall apply to those contracts in which the health maintenance organization has reserved the right to change the premium.

n. The Attorney General's Office shall be responsible for overseeing any violations of law that may result from P.L.2017, c.28 (C.17:48-6nn et al.), including fraud, abuse, waste, and mistreatment of covered persons. The Attorney General's Office is authorized to adopt, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), rules and regulations to implement any of the provisions of P.L.2017, c.28 (C.17:48-6nn et al.).

o. The provisions of this section shall not apply to a health maintenance organization contract which, pursuant to a contract between the health maintenance organization and the Department of Human Services, provides benefits to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.), the "Family Health Care Coverage Act," P.L.2005, c.156 (C.30:4J-8 et seq.), or any other program administered by the Division of Medical Assistance and Health Services in the Department of Human Services.

p. As used in this section**[**:

"Concurrent**]**, “concurrent review" means inpatient care is reviewed as it is provided. Medically qualified reviewers monitor appropriateness of the care, the setting, and patient progress, and as appropriate, the discharge plans.

["Substance use disorder" is as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition and any subsequent editions and shall include substance use withdrawal.**]**

(cf: P.L.2017, c.28, s.8)

53. Section 1 of P.L.1992, c.164 (C.26:2J-31) is amended to read as follows:

1. As used in **[**this act**]** P.L.1992, c.164 (C.26:2J-31 et seq.):

"Applicant" means any individual who seeks enrollment with a health maintenance organization for the purpose of obtaining **[**medicare**]** Medicare supplement health care services.

"Commissioner" means the Commissioner of Insurance.

"Department" means the Department of Insurance.

"Enrollee" means an individual who is enrolled with a health maintenance organization.

"Evidence of coverage" means any booklet, certificate, agreement or contract issued to an enrollee setting out the services and other benefits to which **[**he**]** the enrollee is entitled.

"Health care services" means those services, including, but not limited to, inpatient hospital and physician care, and outpatient medical services, as set forth in the evidence of coverage.

"Health maintenance organization" means any person which, directly or through contracts with providers, furnishes health care services on a prepaid basis to enrollees in a designated geographic area in this State pursuant to the provisions of P.L.1973, c.337 (C.26:2J-1 et seq.).

["Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L. 89-97, as then constituted or later amended (42 U.S.C. s.1395 et seq.).**]**

"Medicare supplement contract" means a group or individual contract or plan which is advertised, marketed or designed primarily as providing, or is otherwise held out to provide, **[**medicare**]** Medicare supplement health care services and under which an individual is enrolled, other than a contract issued pursuant to a contract under 42 U.S.C. s.1395l or 42 U.S.C. s.1395mm or a contract issued under a demonstration project authorized pursuant to the "Health Insurance for the Aged Act," 42 U.S.C. s.1395 et seq. The term does not include health care services provided pursuant to a contract or plan issued to one or more employers or labor organizations, or to the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees of the employers, or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

"Medicare supplement evidence of coverage" means an evidence of coverage delivered to an enrollee who has **[**medicare**]** Medicare supplement health care services coverage under a **[**medicare**]** Medicare supplement contract.

"Medicare supplement health care services" means health care services which supplement **[**medicare**]** Medicare, provided under a **[**medicare**]** Medicare supplement contract as set forth in a **[**medicare**]** Medicare supplement evidence of coverage.

"Provider" means any physician, hospital or other person which is licensed or otherwise authorized in this State to furnish health care services.

(cf: P.L.1992, c.164, s.1)

54. Section 1 of P.L.1984, c.146 (C.26:2K-7) is amended to read as follows:

1. As used in **[**this act**]** P.L.1984, c.146 (C.26:2K-7 et seq.):

[a.**]** "Advanced life support" means an advanced level of pre-hospital, inter-hospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other techniques and procedures authorized in writing by the commissioner**[**;**]**.

[b.**]** "Board of Medical Examiners" means the State Board of Medical Examiners**[**;**]**.

[c.**]**"Board of Nursing" means the New Jersey Board of Nursing**[**;**]**.

[d. "Commissioner" means the Commissioner of the State Department of Health;

e. "Department" means the State Department of Health;

f.**]** "Emergency department" means a program in a hospital staffed 24 hours a day by a licensed physician trained in emergency medicine**[**;**]**.

[g.**]** "Speciality care transport" means services that are above basic life support services rendered to patients before and during transportation between licensed facilities, during retrieval from those facilities, and upon arrival within those facilities**[**;**]**.

[h.**]** "Mobile intensive care paramedic" means a person trained in advanced life support services and licensed by the commissioner to render advanced life support services as part of a mobile intensive care unit or as otherwise provided in section 4 of P.L.1984, c.146 (C.26:2K-10)**[**;**]**.

[i.**]** "Mobile intensive care unit" means a specialized emergency medical service unit that is staffed inaccordance with paragraph (2) of subsection a. of section 6 of P.L.1984, c.146 (C.26:2K-12) and operated for the provision of advanced life support services under the direction of an authorized hospital**[**;**]**.

[j.**]** "Pre-hospital care" means those emergency medical services rendered by mobile intensive care units to emergency patients before and during transportation to emergency treatment facilities, and upon arrival within those facilities.

[k.**]** "Volunteer paramedic unit" means an operational subunit within a mobile intensive care unit that is exclusively staffed by at least two volunteer paramedics with access to any vehicle, including a personal vehicle.

“Agency EMS medical director” means a physician licensed in this state who is certified in emergency medicine or emergency medicial services, or both, and is responsible for the medical oversight of a hospital mobile intensive care program.

“Mobile integrated health” means health care services delivered with the approval of the Department of Health to patients outside of

a hospital setting, using mobile resources, and employing leave-based and patient centered care.
(cf: P.L.2022, c.118, s.1)

55. Section 1 of P.L.1985, c.351 (C.26:2K-21) is amended to read as follows:

1. As used in [this act] P.L.1985, c.351 (C.26:2K-21 et al.):

[a. "Board" means the State Board of Medical Examiners;

b.] "Basic life support" means a basic level of pre-hospital care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization and other techniques and procedures authorized by the commissioner[;

c. "Commissioner" means the Commissioner of the State Department of Health;

d. "Department" means the State Department of Health;

e.]

"Board" means the State Board of Medical Examiners.

"Emergency service" means a program in a hospital staffed 24 hours a day by licensed physicians trained in emergency medicine[;].

[f.] "EMT-intermediate" means a person trained in intermediate life support services and certified by the commissioner to render intermediate life support services as part of an authorized pre-hospital intermediate life support pilot program[;] .

[g.] "Inter-hospital care" means those emergency medical services rendered to emergency patients in preparation for transportation and during transportation between emergency treatment facilities, and upon arrival within those facilities[;].

[h.] "Intermediate life support program" means a program authorized under [this act] P.L.1985, c.351 (C.26:2K-21 et al.) to provide pre-hospital intermediate life support services[;] .

[i.] "Intermediate life support services" means an intermediate level of pre-hospital, inter-hospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, the use of the esophageal obturator airway, and the use of military anti-shock trousers and other techniques and procedures authorized by the commissioner[;].

[j.] "Pre-hospital care" means those emergency medical services rendered to emergency patients before and during transportation to emergency treatment facilities, and upon arrival within those facilities.
(cf: P.L.1985, c.351, s.1)

56. Section 1 of P.L.1986, c.106 (C.26:2K-35) is amended to read as follows:

1. As used in [this act] P.L.1986, c.106 (C.26:2K-35 et al.):

[a. "Commissioner" means the Commissioner of Health.

b.] "Critical care center" means a hospital authorized by the commissioner to provide regional critical care services, such as trauma, burn, spinal cord, cardiac, poison, or neonatal care.

"Dispatch" means the coordinated request for and dispatch of the emergency medical service helicopter response unit by a central communications center located in the service area, following protocols developed by the mobile intensive care hospital, the regional trauma or critical care center, the commissioner, and the superintendent.

[c.] "Emergency medical service helicopter response unit" means a specially equipped hospital-based emergency medical service helicopter staffed by advanced life support personnel and operated for the provision of advanced life support services under the medical direction of a mobile intensive care program and the regional trauma or critical care center authorized by the commissioner.

[d.] "Emergency medical transportation" means the prehospital or interhospital transportation of an acutely ill or injured patient by a dedicated emergency medical service helicopter response unit operated, maintained and piloted by the Division of State Police of the Department of Law and Public Safety, pursuant to regulations adopted by the commissioner under chapter 40 of Title 8 of the New Jersey Administrative Code.

[e.] "Medical direction" means the medical control and medical orders transmitted from the physician of the mobile intensive care hospital or from the physician at the regional trauma or critical care center to the staff of the helicopter. The mobile intensive care unit coordinating center and regional trauma or critical care center shall have the ability to cross patch and consult with each other as approved by the commissioner.

[f.] "Mobile intensive care hospital" means a hospital authorized by the commissioner to develop and maintain a mobile intensive care unit to provide advanced life support services in accordance with P.L.1984, c.146 (C.26:2K-7 et al.).

[g.] "Regional trauma center" means a State designated level one hospital-based trauma center equipped and staffed to provide emergency medical services to an accident or trauma victim, including, but not limited to, the level one trauma centers at University Hospital in Newark, known as the "Eric Munoz Trauma Center," and at the Cooper Hospital/University Medical Center in Camden.

[h. "Critical care center" means a hospital authorized by the commissioner to provide regional critical care services, such as trauma, burn, spinal cord, cardiac, poison, or neonatal care.

i.] "Superintendent" means the Superintendent of the Division of State Police of the Department of Law and Public Safety.

(cf: P.L.2012, c.45, s.113)

57. Section 1 of P.L.1989, c.314 (C.26:2K-39) is amended to read as follows:

1. As used in [this act] P.L.1989, c.314 (C.26:2K-39 et seq.):

[]"Commissioner" means the Commissioner of Health.[]

"Emergency medical service" means a program in a hospital staffed 24 hours-a-day by a licensed physician trained in emergency medicine.

"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 perform these services.

"EMT-D" means an emergency medical technician who is certified by the commissioner to perform cardiac defibrillation.

"First Responder" means a police officer, firefighter or other person who has been trained to provide emergency medical first response services in a program recognized by the commissioner.

"First Responder-D" means a First Responder who is certified by the commissioner to perform cardiac defibrillation.

"Pre-hospital care" means those emergency medical services rendered to emergency patients at the scene of a traffic accident or other emergency and during transportation to emergency treatment facilities, and upon arrival within those facilities.

(cf: P.L.1996, c.136, s.1)

58. Section 1 of P.L.2003, c.1 (C.26:2K-47.1) is amended to read as follows:

1. As used in [this act] P.L.2003, c.1 (C.26:2K-47.1 et seq.):

[]"Commissioner" means the Commissioner of Health;[]

"Emergency medical service" means a program in a hospital staffed 24 hours-a-day by a licensed physician trained in emergency medicine;

"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.

(cf: P.L.2012, c.17, s.279)

59. Section 2 of P.L.1992, c.96 (C.26:2K-49) is amended to read as follows:

2. As used in [this act] P.L.1992, c.96 (C.26:2K-48 et seq.):

"Advanced life support" means an advanced level of pre-hospital, interhospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other techniques and

procedures authorized in writing by the commissioner pursuant to department regulations and P.L.1984, c.146 (C.26:2K-7 et seq.).

"Advisory council" means the Emergency Medical Services for Children Advisory Council established pursuant to section 5 of [this act] P.L.1992, c.96 (C.26:2K-52).

"Basic life support" means a basic level of pre-hospital care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the commissioner.

["Commissioner" means the Commissioner of Health.]

"Coordinator" means the person coordinating the EMSC program within the Office of Emergency Medical Services in the Department of Health.

[**"Department" means the Department of Health.**]

"EMSC program" means the Emergency Medical Services for Children program established pursuant to section 3 of [this act] P.L.1992, c.96 (C.26:2K-50), and other relevant programmatic activities conducted by the Office of Emergency Medical Services in the Department of Health in support of appropriate treatment, transport, and triage of ill or injured children in New Jersey.

"Emergency medical services personnel" means persons trained and certified or licensed to provide emergency medical care, whether on a paid or volunteer basis, as part of a basic life support or advanced life support pre-hospital emergency care service or in an emergency department or pediatric critical care or specialty unit in a licensed hospital.

"Pre-hospital care" means the provision of emergency medical care or transportation by trained and certified or licensed emergency medical services personnel at the scene of an emergency and while transporting sick or injured persons to a medical care facility or provider.

(cf: P.L.1992, c.96, s.2)

60. Section 2 of P.L.1992, c.143 (C.26:2K-55) is amended to read as follows:

2. As used in [this act] P.L.1992, c.143 (C.26:2K-54 et al.):

[**"Commissioner" means the Commissioner of Health**]

"Council" means the State advisory council for basic and intermediate life support services training established pursuant to P.L.1992, c.143 (C.26:2K-54 et al.).

"Fund" means the "Emergency Medical Technician Training Fund" established pursuant to [this act.

"Council" means the State advisory council for basic and intermediate life support services training established pursuant to this act] P.L.1992, c.143 (C.26:2K-54 et al.).

(cf: P.L.1992, c.143, s.2)

61. Section 1 of P.L.2017, c.116 (C.26:2K-66) is amended to read as follows:

1. As used in P.L.2017, c.116 (C.26:2K-66 et seq.):

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Emergency Medical Services Advisory Council" means the Emergency Medical Services Council constituted in the department as of the effective date of P.L.2017, c.116 (C.26:2K-66 et seq.), which serves as the main emergency medical services advisory council to the commissioner and the Office of Emergency Medical Services, makes recommendations and advises on emergency medical services in New Jersey, monitors legislative developments at all levels and in other states, and supports Statewide public information and education for consumers regarding emergency medical services.

"Emergency Medical Services Task Force" means the Emergency Medical Services Task Force constituted in the department as of the effective date of P.L.2017, c.116 (C.26:2K-66 et seq.).

"Emergency medical services dispatch center" means any communications center which provides services in connection with the coordination of requests for emergency medical services, including, but not limited to, call intake, call processing, emergency medical dispatch, call triage, unit assignment, and dispatch and tracking of any emergency medical services provider or other first responder.

"Emergency medical services provider" means any association, organization, company, department, agency, service, program, unit, or other entity that provides pre-hospital emergency medical care to patients in this State, including, but not limited to, a basic life support ambulance service, a mobile intensive care unit, an air medical service, or a volunteer or non-volunteer first aid, rescue, and ambulance squad.

"First responder" means a police officer, firefighter, or other person who has been trained to provide emergency medical first response services in a program recognized by the commissioner.

"Opioid antidote" means naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

"Pre-hospital emergency medical care" means the provision of emergency medical care or transportation by trained and certified or licensed emergency medical services personnel at the scene of an emergency and while transporting sick or injured persons to a medical care facility or provider.

(cf: P.L.2017, c.116, s.1)

62. Section 1 of P.L.2019, c.209 (C.26:2KK-6) is amended to read as follows:

1. a. (1) A hospital in the State, which provides services in a municipality that has a disproportionately high rate of firearm violence or homicide, and is designated as a Level One or Level Two trauma center, under the provisions of P.L.2013, c.233 (C.26:2KK-1 et seq.) and the regulations adopted pursuant thereto, upon the availability of monies which are necessary to fully fund a hospital-based or hospital-linked violence intervention program, shall operate or contract with a hospital-based or hospital-linked violence intervention program that provides appropriate counseling, case management, and social services to patients who have been injured as a result of violence.

(2) For the purposes of enforcing the provisions of this subsection, the commissioner shall establish criteria to be used in identifying municipalities that have disproportionately high rates of firearm violence or homicide, and shall develop a list of such municipalities, based on the application of identified criteria, in coordination with the Department of Law and Public Safety. The list shall be published on the department's Internet website, and shall be revised and updated as necessary, on at least an annual basis.

b. The commissioner shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to implement the provisions of this section. Such rules and regulations shall identify, at a minimum, the criteria that the department will use, pursuant to paragraph (2) of subsection a. of this section, to determine which of the State's municipalities have a disproportionately high rate of firearm violence or homicide.

c. As used in this section**[**:

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Hospital-based**]**, “hospital-based or hospital-linked violence intervention program" means a program that is operated by a hospital, or by a person or entity who is contracted by the hospital, and which works to end cycles of violence through the provision of intensive counseling, case management, and social services to patients in the hospital who are recovering from gunshot wounds and other injuries resulting from violence.

(cf: P.L.2019, c.209, s.1)

63. Section 3 of P.L.1981, c.72 (C.26:2L-3) is amended to read as follows:

3. As used in **[**this act**]** P.L.1981, c.72 (C.26:2L-1 et seq.):

[a.**]** "Board" means the Therapeutic Research Qualification Review Board established in section 5 of this act.

b. **[**"Commissioner" means the State Commissioner of Health.

c. "Schedule I controlled dangerous substance" means a controlled dangerous substance having a high addiction liability; no

accepted medical use in the United States; and listed in New Jersey Administrative Code 8:65-10.1.

d.] "Drugs" means drugs as defined in section 2 of P.L.1970, c.226 (C.24:21-2).

[e.]"Practitioner" means a physician licensed to prescribe and administer drugs which are subject to the "New Jersey Controlled Dangerous Substances [Act" (P.L.1970, c. 226)] Act," P.L.1970, c.226 (C.24:21-1 et al.).

[f.]"Program" means the controlled dangerous substances therapeutic research program established in [this act] P.L.1981, c.72 (C.26:2L-1 et seq.).

"Schedule I controlled dangerous substance" means a controlled dangerous substance having a high addiction liability; no accepted medical use in the United States; and identified in the New Jersey Administrative Code.

(cf: P.L.1981, c.72, s.3)

64. Section 2 of P.L.1988, c.114 (C.26:2M-10) is amended to read as follows:

2. As used in [this act] P.L.1988, c.114 (C.26:2M-9 et seq.):

[a.] "Adult day care" means a community-based group program designed to meet the needs of functionally or cognitively impaired adults through an individual plan of care structured to provide a variety of health, social, and related support services in a protective setting during any part of a day but less than 24 hours.

[b. "Alzheimer's Disease and related disorders" means forms of dementia characterized by a general loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning.

c.] "Care needs or behavioral problems" means the manifestations of dementia which may include, but need not be limited to, progressive memory loss, confusion, inability to communicate, extreme personality change, and eventual inability to perform the most basic tasks.

[d.] "Commissioner" means the Commissioner of Human Services.

[e.] "Department" means the Department of Human Services.

[f.] "Grantee" means a public agency, private for profit agency, or private nonprofit agency selected by the department to establish an adult day care program for participants pursuant to this act.

[g.] "Participant" means an individual with Alzheimer's disease or a related disorder, particularly those in the moderate to severe stages. To be eligible for services, a participant shall have documentation from a physician that the participant has Alzheimer's disease or a related disorder.

(cf: P.L.2012, c.17, s.285)

65. Section 1 of P.L.1986, c.134 (C.26:2N-1) is amended to read as follows:

1. For the purposes of ⟦this act⟧ P.L.1986, c.134 (C.26:2N-1 et seq.):

⟦a. "Commissioner" means the Commissioner of Health.

b. "Department" means the State Department of Health.

c.⟧ "Health care provider" means any licensed health care professional or public or private health care facility in this State that administers pertussis vaccine.

⟦d.⟧ "Major adverse reaction" means collapse or shock, high pitched screaming, persistent crying for three or more hours, excessive somnolence (sleepiness), temperature of 105⟦`⟧ degrees Fahrenheit, convulsions with or without accompanying fever or severe alterations of consciousness or any serious illness, disability or impairment of mental, emotional, behavioral or physical functioning or development, the first manifestation of which appears within 30 days of the date of administration of pertussis vaccine, and for which there is reasonable scientific or medical evidence that pertussis vaccine causes or significantly contributes to the illness, disability or impairment; or any other reaction which the department determines, by regulation, is a basis for not administering pertussis vaccine.

⟦e.⟧ "Pertussis vaccine" means any vaccine containing a substance intended to prevent the occurrence of pertussis, which is administered separately or in conjunction with other substances intended to prevent the occurrence of other diseases.

(cf: P.L.1986, c.134, s.1)

66. Section 1 of P.L.2013, c.275 (C.26:2N-7.1) is amended to read as follows:

1. a. The Commissioner of Health shall prepare and make available to each hospital and birthing facility in the State informational literature on the pertussis vaccine for adults, including, but not limited to, information on the risks of pertussis, the morbidity and mortality rates among infants suffering from pertussis, the availability and efficacy of the tetanus-diphtheria-acellular pertussis booster vaccine, and the benefits of inoculating pregnant women, a new mother, and other adult family members with the booster vaccine, prior to an infant's birth or the mother's discharge from a hospital or birthing facility, as applicable, to prevent the transmission of pertussis to the infant. The commissioner may make the informational literature available to hospitals and birthing facilities by posting it on the Department of Health's Internet website or by other electronic means.

b. The department shall require each hospital and birthing facility in the State to provide new mothers, including adoptive mothers, with the informational literature specified in subsection a. of this section. The informational literature shall be distributed to

the mother and any other adult family member, including adult adoptive family members, present at the infant's birth, by the staff designated by the hospital or birthing facility, prior to the mother's discharge, as part of the hospital or birthing facility's discharge procedures.

c. **[**As used in this section "birthing facility" means an inpatient or ambulatory health care facility licensed by the Department of Health that provides birthing and newborn care services.**]** (deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)

(cf: P.L.2013, c.275, s.1)

67. Section 2 of P.L.1993, c.288 (C.26:2Q-2) is amended to read as follows:

2. As used in sections 1 through 12 of P.L.1993, c.288 (C.26:2Q-1 through C.26:2Q-12):

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Interim controls" means a set of measures designed to reduce temporarily human exposure or likely exposure to lead-based paint hazards, including specialized cleaning, repairs, maintenance, painting, temporary containment, ongoing monitoring of lead-based paint hazards or potential hazards, and the establishment and operation of management and resident education programs, or as the term is defined under 42 U.S.C.s.4851b.

"Lead abatement" means a set of measures designed to permanently eliminate lead-based paint hazards in accordance with standards established by the Commissioner of Community Affairs in compliance with standards promulgated by the appropriate federal agencies. Such term includes:

a. the removal of lead-based paint and lead-contaminated dust, the permanent containment or encapsulation of lead-based paint, the replacement of lead-painted surfaces or fixtures, and the removal or covering of lead contaminated soil; and

b. all preparation, cleanup, disposal, and post-abatement clearance testing activities associated with such measures.

"Lead evaluation" means a surface-by-surface investigation to determine the presence of lead-based paint and the provision of a report explaining the results of the investigation.

"Lead hazard control work" means work to make housing lead-safe, or to mitigate, through the use of interim controls as permitted under federal law and as defined in 42 U.S.C.s.4851b, or to eliminate permanently lead-based paint hazards by abatement on a premises by a person certified to perform lead abatement work pursuant to sections 1 through 12 of P.L.1993, c.288 (C.26:2Q-1 et seq.) and sections 14 through 24 of P.L.1993, c.288 (C.52:27D-427 et seq.).

"Lead-based paint" means paint or other surface coating material that contains lead in excess of 1.0 milligrams per centimeter squared or in excess of 0.5[%] percent by weight, or such other level as may be established by federal law.

"Lead-based paint hazard" means any condition that causes exposure to lead from lead-contaminated dust or soil or lead-contaminated paint that is deteriorated or present in surfaces, that would result in adverse human health effects.

"Lead-based paint hazard inspection" means an inspection of residential housing and the structure's interior common areas and exterior surface for the presence of lead-based paint hazards.

"Lead safe maintenance work" means those maintenance activities which are necessary to maintain surfaces in a lead safe condition and to prevent lead-based paint hazards from occurring or reoccurring.

"Surface" means an area such as an interior or exterior wall, ceiling, floor, door, door frame, window sill, window frame, porch, stair, handrail and spindle, or other abradable surface, soil, furniture, a carpet, a radiator or a water pipe.

(cf: P.L.2012, c.17, s.290)

68. Section 3 of P.L.2014, c.76 (C.26:2RR-3) is amended to read as follows:

3. As used in [this act:

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Program"] P.L.2014, c.76 (C.26:2RR-1 et seq.), "program means the Parkinson's disease public awareness and education program established pursuant to [this act] P.L.2014, c.76 (C.26:2RR-1 et seq.).

(cf: P.L.2014, c.76, s.3)

69. Section 2 of P.L.1997, c.192 (C.26:2S-2) is amended to read as follows:

2. As used in sections 2 through 17 and section 19 of [this act] P.L.1997, c.192 (C.26:2S-2 et seq.):

"Behavioral health care services" means procedures or services rendered by a health care provider for the treatment of mental illness, emotional disorders, or drug or alcohol abuse. "Behavioral health care services" does not include: any quality assurance or utilization management activities or treatment plan reviews conducted by a carrier, or a private entity on behalf of the carrier, pertaining to these services, whether administrative or clinical in nature; or any other administrative functions, including, but not limited to, accounting and financial reporting, billing and collection, data processing, debt or debt service, legal services, promotion and marketing, or provider credentialing.

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State.

"Commissioner" means the Commissioner of Banking and Insurance.

"Contract holder" means an employer or organization that purchases a contract for services.

["Covered person" means a person on whose behalf a carrier offering the plan is obligated to pay benefits or provide services pursuant to the health benefits plan.**]**

"Covered service" means a health care service provided to a covered person under a health benefits plan for which the carrier is obligated to pay benefits or provide services.

"Department" means the Department of Banking and Insurance.

"Health benefits plan" means a benefits plan which pays or provides hospital and medical expense benefits for covered services, and is delivered or issued for delivery in this State by or through a carrier. Health benefits plan includes, but is not limited to, Medicare supplement coverage and risk contracts to the extent not otherwise prohibited by federal law. For the purposes of **[**this act**]** P.L.1997, c.192 (C.26:2S-1 et al.), health benefits plan shall not include the following plans, policies, or contracts: accident only, credit, disability, long-term care, CHAMPUS supplement coverage, coverage arising out of a workers' compensation or similar law, automobile medical payment insurance, personal injury protection insurance issued pursuant to P.L.1972, c.70 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

"Health care provider" means an individual or entity which, acting within the scope of its licensure or certification, provides a covered service defined by the health benefits plan. Health care provider includes, but is not limited to, a physician and other health care professionals licensed pursuant to Title 45 of the Revised Statutes, and a hospital and other health care facilities licensed pursuant to Title 26 of the Revised Statutes.

"Independent utilization review organization" means an independent entity comprised of physicians and other health care professionals who are representative of the active practitioners in the area in which the organization will operate and which is under contract with the department to provide medical necessity or appropriateness of services appeal reviews pursuant to **[**this act**]** P.L.1997, c.192 (C.26:2S-1 et al.).

"Managed behavioral health care organization" means an entity, other than a carrier, which contracts with a carrier to provide, undertake to arrange, or administer behavioral health care services to covered persons through health care providers employed by the managed behavioral health care organization or otherwise make

behavioral health care services available to covered persons through contracts with health care providers.

"Managed behavioral health care organization" does not include a person or entity that, for an administrative fee only, solely arranges a panel of health care providers for a carrier for the provision of behavioral health care services on a discounted fee-for-service basis.

"Managed care plan" means a health benefits plan that integrates the financing and delivery of appropriate health care services to covered persons by arrangements with participating providers, who are selected to participate on the basis of explicit standards, to furnish a comprehensive set of health care services and financial incentives for covered persons to use the participating providers and procedures provided for in the plan.

"Subscriber" means, in the case of a group contract, a person whose employment or other status, except family status, is the basis for eligibility for enrollment by the carrier or, in the case of an individual contract, the person in whose name the contract is issued.

"Utilization management" means a system for reviewing the appropriate and efficient allocation of health care services under a health benefits plan according to specified guidelines, in order to recommend or determine whether, or to what extent, a health care service given or proposed to be given to a covered person should or will be reimbursed, covered, paid for, or otherwise provided under the health benefits plan. The system may include: preadmission certification, the application of practice guidelines, continued stay review, discharge planning, preauthorization of ambulatory care procedures, and retrospective review.

(cf: P.L.2012, c.17, s.294)

70. Section 11 of P.L.2019, c.58 (C.26:2S-10.8) is amended to read as follows:

11. a. For the purposes of this section:

"Benefit limits" includes both quantitative treatment limitations and non-quantitative treatment limitations.

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State or any entity contracted to administer health benefits in connection with the State Health Benefits Program or School Employees' Health Benefits Program.

"Classification of benefits" means the classifications of benefits found at 45 C.F.R. 146.136(c)(2)(ii)(A) and 45 C.F.R. s.146.136(c)(3)(iii).

"Department" means the Department of Banking and Insurance.

"Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.

"Non-quantitative treatment limitations" or "NQTL" means processes, strategies, or evidentiary standards, or other factors that are not expressed numerically, but otherwise limit the scope or duration of benefits for treatment. NQTLs shall include, but shall not be limited to:

(1) Medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative;

(2) Formulary design for prescription drugs;

(3) For plans with multiple network tiers, such as preferred providers and participating providers, network tier design;

(4) Standards for provider admission to participate in a network, including reimbursement rates;

(5) Plan methods for determining usual, customary, and reasonable charges;

(6) Refusal to pay for higher-cost therapies until it can be shown that a lower-cost therapy is not effective, also known as fail-first policies or step therapy protocols;

(7) Exclusions based on failure to complete a course of treatment;

(8) Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage;

(9) In and out-of-network geographic limitations;

(10) Limitations on inpatient services for situations where the participant is a threat to self or others;

(11) Exclusions for court-ordered and involuntary holds;

(12) Experimental treatment limitations;

(13) Service coding;

(14) Exclusions for services provided by a licensed professional who provides mental health condition or substance use disorder services;

(15) Network adequacy; and

(16) Provider reimbursement rates.

["Substance use disorder" means a disorder defined to be consistent with generally recognized independent standards of current medical practice referenced in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.**]**

b. A carrier shall approve a request for an in-plan exception if the carrier's network does not have any providers who are qualified, accessible and available to perform the specific medically necessary service. A carrier shall communicate the availability of in-plan exceptions:

(1) on its website where lists of network providers are displayed; and

(2) to beneficiaries when they call the carrier to inquire about network providers.

c. A carrier that provides hospital or medical expense benefits through individual or group contracts shall submit an annual report

to the department on or before March 1. The annual report shall contain, to the extent that the commissioner determines practicable, the following information:

(1) A description of the process used to develop or select the medical necessity criteria for mental health benefits, the process used to develop or select the medical necessity criteria for substance use disorder benefits, and the process used to develop or select the medical necessity criteria for medical and surgical benefits;

(2) Identification of all NQTLs that are applied to mental health benefits, all NQTLs that are applied to substance use disorder benefits, and all NQTLs that are applied to medical and surgical benefits, including, but not limited to, those listed in subsection a. of this section;

(3) The results of an analysis that demonstrates that for the medical necessity criteria described in paragraph (1) of this subsection and for selected NQTLs identified in paragraph (2) of this subsection, as written and in operation, the processes, strategies, evidentiary standards, or other factors used to apply the medical necessity criteria and selected NQTLs to mental health condition and substance use disorder benefits are comparable to, and are no more stringently applied than the processes, strategies, evidentiary standards, or other factors used to apply the medical necessity criteria and selected NQTLs, as written and in operation, to medical and surgical benefits. A determination of which selected NQTLs require analysis will be determined by the department; at a minimum, the results of the analysis shall entail the following, provided that some NQTLs may not necessitate all of the steps described below:

(a) identify the factors used to determine that an NQTL will apply to a benefit, including factors that were considered but rejected;

(b) identify and define the specific evidentiary standards, if applicable, used to define the factors and any other evidentiary standards relied upon in designing each NQTL;

(c) provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to design each NQTL, as written, for mental health and substance use disorder benefits are comparable to and applied no more stringently than the processes and strategies used to design each NQTL as written for medical and surgical benefits;

(d) provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to apply each NQTL, in operation, for mental health and substance use disorder benefits are comparable to and applied no more stringently than the processes or strategies used to apply each NQTL in operation for medical and surgical benefits; and

(e) disclose the specific findings and conclusions reached by the carrier that the results of the analyses above indicate that the carrier

is in compliance with this section and the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and its implementing and related regulations, which includes 45 C.F.R. s.146.136, 45 C.F.R. s.147.160, and 45 C.F.R. s.156.115(a)(3); and

(4) Any other information necessary to clarify data provided in accordance with this section requested by the Commissioner of Banking and Insurance including information that may be proprietary or have commercial value, provided that no proprietary information shall be made publicly available by the department.

d. The department shall implement and enforce applicable provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j), any amendments to, and federal guidance or regulations issued under that act, including 45 C.F.R. Parts 146 and 147, 45 C.F.R. s.156.115(a)(3), P.L.1999, c.106 (C.17:48-6v et al.), and section 2 of P.L.1999, c.441 (C.52:14-17.29e), which includes:

(1) Ensuring compliance by individual and group contracts, policies, plans, or enrollee agreements delivered, issued, executed, or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985, c.236 (C.17:48E-1 et seq.), chapter 26 of Title 17B of the New Jersey Statutes (N.J.S.17B:26-1 et seq.), chapter 27 of Title 17B of the New Jersey Statutes (N.J.S.17B:27-26 et seq.), P.L.1992, c.161 (C.17B:27A-2 et seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), P.L.1973, c.337 (C.26:2J-1 et seq.), and P.L.1961, c.49 (C.52:14-17.25 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance.

(2) Detecting violations of the law by individual and group contracts, policies, plans, or enrollee agreements delivered, issued, executed, or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985, c.236 (C.17:48E-1 et seq.), chapter 26 of Title 17B of the New Jersey Statutes (N.J.S.17B:26-1 et seq.), chapter 27 of Title 17B of the New Jersey Statutes (N.J.S.17B:27-26 et seq.), P.L.1992, c.161 (C.17B:27A-2 et seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), P.L.1973, c.337 (C.26:2J-1 et seq.), and P.L.1961, c.49 (C.52:14-17.25 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance.

(3) Accepting, evaluating, and responding to complaints regarding violations.

(4) Maintaining and regularly reviewing for possible parity violations a publicly available consumer complaint log regarding mental health condition and substance use disorder coverage, provided that the names of specific carriers will be redacted and not disclosed on the complaint log.

(5) The commissioner shall adopt rules as may be necessary to effectuate any provisions of this section and the Paul Wellstone and

Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 that relate to the business of insurance.

e. Not later than May 1 of each year, the department shall issue a report to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1). The report shall:

(1) Describe the methodology the department is using to check for compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C s.18031(j), and any federal regulations or guidance relating to the compliance and oversight of that act.

(2) Describe the methodology the department is using to check for compliance with P.L.1999, c.106 (C.17:48-6v et al.) and section 2 of P.L.1999, c.441 (C.52:14-17.29e).

(3) Identify market conduct examinations conducted or completed during the preceding 12-month period regarding compliance with parity in mental health and substance use disorder benefits under state and federal laws and summarize the results of such market conduct examinations. This shall include:

(a) The number of market conduct examinations initiated and completed;

(b) The benefit classifications examined by each market conduct examination;

(c) The subject matters of each market conduct examination, including quantitative and non-quantitative treatment limitations;

(d) A summary of the basis for the final decision rendered in each market conduct examination; and

(e) Individually identifiable information shall be excluded from the reports consistent with state and Federal privacy protections.

(4) Detail any educational or corrective actions the department has taken to ensure compliance with Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C s.18031(j), P.L.1999, c.106 (C.17:48-6v et al.) and section 2 of P.L.1999, c.441 (C.52:14-17.29e).

(5) Detail the department's educational approaches relating to informing the public about mental health condition and substance use disorder parity protections under State and federal law.

(6) Be written in non-technical, readily understandable language and shall be made available to the public by, among such other means as the department finds appropriate, posting the report on the department's website.

f. The department shall post on its Internet website a report disclosing the department's conclusions as to whether the analyses collected from the carriers as specified in paragraph (3) of subsection c. of this section demonstrate compliance with the Mental Health Parity and Addiction Equity Act of 2008 and its implementing regulations, specifically including whether or not there is compliance with 45 C.F.R. 146.136(c)(4). The name and

identity of carriers shall be confidential, shall not be made public by the department, and shall not be subject to public inspection.
(cf: P.L.2019, c.58, s.11)

71. Section 2 of P.L.2001, c.14 (C.26:2S-20) is amended to read as follows:

2. As used in **[**this act**]** P.L.2001, c.14 (C.26:2S-19 et al.):

"Carrier" means a carrier as defined in section 2 of P.L.1997, c.192 (C.26:2S-2).

"Commissioner" means the Commissioner of Banking and Insurance.

"Department" means the Department of Banking and Insurance.

"Managed care plan" means a managed care plan as defined in section 2 of P.L.1997, c.192 (C.26:2S-2).

["Medicaid" means the Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

"Medicare" means the federal Medicare program established pursuant to the federal Social Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.).**]**

"NJ FamilyCare" means the FamilyCare Health Coverage Program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

"Program" means the Managed Health Care Consumer Assistance Program established pursuant to this act.
(cf: P.L.2012, c.17, s.302)

72. Section 8 of P.L.2017, c.117 (C.26:2S-29) is amended to read as follows:

8. a. A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered under the plan when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

b. A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation. In no case shall a carrier:

(1) impose any restrictions on the location or setting of the distant site used by a health care provider to provide services using telemedicine and telehealth or on the location or setting of the originating site where the patient is located when receiving services using telemedicine and telehealth, except to ensure that the services provided using telemedicine and telehealth meet the same standard of care as would be provided if the services were provided in person;

(2) restrict the ability of a provider to use any electronic or technological platform to provide services using telemedicine or telehealth, including, but not limited to, interactive, real-time, two-way audio, which may be used in combination with asynchronous store-and-forward technology without video capabilities, including audio-only telephone conversations, to provide services using telemedicine or telehealth, provided that the platform used:

(a) allows the provider to meet the same standard of care as would be provided if the services were provided in person; and

(b) is compliant with the requirements of the federal health privacy rule set forth at 45 CFR Parts 160 and 164;

(3) deny coverage for or refuse to provide reimbursement for routine patient monitoring performed using telemedicine and telehealth, including remote monitoring of a patient's vital signs and routine check-ins with the patient to monitor the patient's status and condition, if coverage and reimbursement would be provided if those services are provided in person, and the provider is able to meet the same standard of care as would be provided if the services were provided in person; or

(4) limit coverage only to services delivered by select third-party telemedicine or telehealth organizations.

c. Nothing in this section shall be construed to:

(1) prohibit a carrier from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or

(2) allow a carrier to require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

d. The Commissioner of Banking and Insurance shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of this section.

e. As used in this section:

"Asynchronous store-and-forward" means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

"Carrier" means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

["Covered person" means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).**]**

"Distant site" means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

"Health benefits plan" means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2).

"Originating site" means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

"Telehealth" means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

"Telemedicine" means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

"Telemedicine or telehealth organization" means the same as that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

(cf: P.L.2021, c.310, s.1)

73. Section 3 of P.L.2018, c.32 (C.26:2SS-3) is amended to read as follows:

3. As used in **[**this act**]** P.L.2018, c.32 (C.26:2SS-1 et seq.):

"Carrier" means an entity that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services under a health benefits plan, including: an insurance company authorized to issue health benefits plans; a health maintenance organization; a health, hospital, or medical service corporation; a multiple employer welfare arrangement; the State Health Benefits Program and the School Employees' Health Benefits Program; or any other entity providing a health benefits plan. Except as provided under the provisions of this act, "carrier" shall not include any other entity providing or administering a self-funded health benefits plan.

"Commissioner" means the Commissioner of Banking and Insurance.

["Covered person" means a person on whose behalf a carrier is obligated to pay health care expense benefits or provide health care services.**]**

"Department" means the Department of Banking and Insurance.

"Emergency or urgent basis" means all emergency and urgent care services including, but not limited to, the services required pursuant to N.J.A.C.11:24-5.3.

"Health benefits plan" means a benefits plan which pays or provides hospital and medical expense benefits for covered services, and is delivered or issued for delivery in this State by or through a carrier. For the purposes of this act, "health benefits plan" shall not include the following plans, policies or contracts: Medicaid, Medicare, Medicare Advantage, accident only, credit, disability, long-term care, TRICARE supplement coverage, coverage arising out of a workers' compensation or similar law, automobile medical payment insurance, personal injury protection insurance issued pursuant to P.L.1972, c.70 (C.39:6A-1 et seq.), a dental plan as defined pursuant to section 1 of P.L.2014, c.70 (C.26:2S-26) and hospital confinement indemnity coverage.

"Health care facility" means a general acute care hospital, satellite emergency department, hospital based off-site ambulatory care facility in which ambulatory surgical cases are performed, or ambulatory surgery facility, licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Health care professional" means an individual, acting within the scope of his licensure or certification, who provides a covered service defined by the health benefits plan.

"Health care provider" or "provider" means a health care professional or health care facility.

"Inadvertent out-of-network services" means health care services that are: covered under a managed care health benefits plan that provides a network; and provided by an out-of-network health care provider in the event that a covered person utilizes an in-network health care facility for covered health care services and, for any reason, in-network health care services are unavailable in that facility. "Inadvertent out-of-network services" shall include laboratory testing ordered by an in-network health care provider and performed by an out-of-network bio-analytical laboratory.

"Knowingly, voluntarily, and specifically selected an out-of-network provider" means that a covered person chose the services of a specific provider, with full knowledge that the provider is out-of-network with respect to the covered person's health benefits plan, under circumstances that indicate that covered person had the opportunity to be serviced by an in-network provider, but instead selected the out-of-network provider. Disclosure by a provider of network status shall not render a covered person's decision to proceed with treatment from that provider a choice made "knowingly" pursuant to this definition.

["Medicaid" means the State Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).**]**

"Medical necessity" or "medically necessary" means or describes a health care service that a health care provider, exercising **[**his or her**]** <u>the provider's</u> prudent clinical judgment, would provide to a covered person for the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms and that is: in accordance with the generally accepted standards of medical practice; clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the covered person's illness, injury, or disease; not primarily for the convenience of the covered person or the health care provider; and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that covered person's illness, injury, or disease.

["Medicare" means the federal Medicare program established pursuant to Pub.L.89-97 (42 U.S.C. s.1395 et seq.).**]**

"Self-funded health benefits plan" or "self-funded plan" means a self-insured health benefits plan governed by the provisions of the federal "Employee Retirement Income Security Act of 1974," 29 U.S.C. s.1001 et seq.
(cf: P.L.2018, c.32, s.3)

74. Section 2 of P.L.2001, c.357 (C.26:2T-6) is amended to read as follows:

2. As used in **[**this act**]** P.L.2001, c.357 (C.26:2T-5 et al.):

["Commissioner" means the Commissioner of Health.**]**

"HCV" means the hepatitis C virus.

"Program" means the hepatitis C education, prevention, and screening program established pursuant to this act.
(cf: P.L.2012, c.17, s.309)

75. Section 3 of P.L.2001, c.304 (C.26:2Y-3) is amended to read as follows:

3. As used in **[**this act**]** P.L.2001, c.304 (C.26:2Y-1 et al.):

"Activities of daily living" or "ADL" means functions and tasks for self-care which are performed either independently or with supervision or assistance, which include, but are not limited to, mobility, transferring, walking, grooming, bathing, dressing and undressing, eating, and toileting.

"Adult family care" means a 24-hour per day living arrangement for persons who, because of age or physical disability, need assistance with activities of daily living, and for whom services designed to meet their individual needs are provided by licensed caregivers in approved adult family care homes.

"Adult family care caregiver" means a person licensed to provide care and services in the daily operation of an adult family care home, but does not include the owner or lessor of the building in which the adult family care home is situated unless the owner or lessor is also the provider of care and services in the adult family care home.

"Adult family care home" means a residence regulated by the department and housing no more than three clients, in which personal care and other supportive services are provided by an individual who has been licensed by the department as an adult family care caregiver. "Adult family care home" shall not include a rooming or boarding house used and operated under license of the Department of Community Affairs pursuant to P.L.1979, c.496 (C.55:13B-1 et seq.).

"Adult family care sponsor agency" means an entity licensed by the department to administer an adult family care program within a given area, which provides essential administrative and clerical support services to two or more caregivers, and which shall not be considered to be a health care facility as defined in section 2 of P.L.1971, c.136 (C.26:2H-2).

"Client" means an elder or person with physical disabilities enrolled in adult family care.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Elder" means a person **[**sixty**]** 60 years of age or older.

(cf: P.L.2012, c.17, s.323)

76. Section 1 of P.L.1950, c.188 (C.26:3-69.1) is amended to read as follows:

1. As used in **[**this act**]** P.L.1950, c.188 (C.26:3-69.1 et seq.), unless the context otherwise requires:

[(1) "Local board of health" shall mean a county or municipal board of health, or the board of health of any regional local or special health district, having power to regulate, by ordinance, public health or sanitation.

(2)**]** "Code" means printed code regulations or set of regulations, standards or set of standards concerning, affecting or relating to the subject matter of any such ordinance of substantially uniform character, approved by the **[**State**]** Department of Health.

[(3)**]** "Printed" includes lithographing and any other method of duplicating.

"Related document" means any printed document or part thereof adopted by reference in a code directly, or by successive adoptions by reference through other printed documents.

[(4) "Printed" includes lithographing and any other method of duplicating.**]**

(cf: P.L.1950, c.188, s.1)

77. Section 3 of P.L.1975, c.329 (C.26:3A2-3) is amended to read as follows:

3. As used in **[**this act**]** P.L.1975, c.329 (C.26:3A2-1 et seq.) unless otherwise specifically indicated:

[a. "Local health agency" means any county, regional, municipal or other governmental agency organized for the purpose of providing health services, administered by a full-time health officer and conducting a public health program pursuant to law.

b. "County health department" means an agency established and organized pursuant to this act by a county board of health for the purpose of providing within its area of jurisdiction, health services required for the protection of the health of citizens and for the enforcement of health ordinances and statutes.

c.**]** "Area of jurisdiction" means the geographic area within each of the municipalities which contracts with a county board of health for the provision of health services meeting the "Standards of Performance."

"Commissioner" means the Commissioner of Health or the commissioner's designee.

"Contracting health agency" means a municipality or group of municipalities which enter into contractual agreements with approved health agencies or health agencies pending approval for the provision of public health services.

"County board of health" means a body established pursuant to this act by a county board of freeholders, and empowered to exercise within its area of jurisdiction all the powers of a local board of health pursuant to law.

[d.**]** "County health advisory commission" or "commission" means the body established by a county board of health pursuant to this act to advise the county health department regarding health problems and measures required to improve health and to control disease and disability in the county.

[e.**]** "County health department" means an agency established and organized pursuant to this act by a county board of health for the purpose of providing within its area of jurisdiction, health services required for the protection of the health of citizens and for the enforcement of health ordinances and statutes.

"Full-time health officer" means a holder of a license as a health officer issued by the Department of Health to an individual who is a full-time employee of a local health agency or of any unit of government participating in a certified program.

"Regional health commission" means an association of boards of health of two or more municipalities formed to furnish such boards with public health services pursuant to P.L.1938, c.67 (C.26:3-83 to 26:3-94).

[f. "Contracting health agency" means a municipality or group of municipalities which enter into contractual agreements with approved health agencies or health agencies pending approval for the provision of public health services.

g. "Full-time health officer" means a holder of a license as a health officer issued by the State Department of Health to an individual who is a full-time employee of a local health agency or of any unit of government participating in a certified program.

h. "Area of jurisdiction" means the geographic area within each of the municipalities which contracts with a county board of health for the provision of health services meeting the "Standards of Performance".

i.**]** "Standards of Performance" means the "Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey" as prescribed by the Public Health Council of the **[**New Jersey State**]** Department of Health under the authority of P.L.1947, c.177 (C.26:1A-1 et seq.).

[j. "Commissioner" means the State Commissioner of Health or his designee.**]**

(cf: P.L.1993, c.64, s.1)

78. Section 3 of P.L.1977, c.443 (C.26:3A2-23) is amended to read as follows:

3. As used in [this act] P.L.1977, c.443 (C.26:3A2-21 et al.) unless otherwise specifically indicated:

[a.] "Air pollution" means the presence in the outdoor atmosphere of one or more air contaminants in such quantities and duration as are, or tend to be, injurious to the human health or welfare, animal or plant life, or property, or would unreasonably interfere with the enjoyment of life or property anywhere in the State as may be affected thereby, but excludes all aspects of employer-employee relationships with respect to health and safety hazards within the confines of a place of employment.

[b.] "Certified local health agency" means a local health agency satisfying the performance and administrative standards authorized in section 15 of P.L.1977, c.443 (C.26:3A2-33).

"Commissioner" means the Commissioner of Environmental Protection.

"County board" means a county board of health established pursuant to P.L.1975, c.329 (C.26:3A2-1 et seq.) and having all the powers of a county board of health provided pursuant to law.

[c.] "County department" means a county department of health established pursuant to P.L.1975, c.329 (C.26:3A2-1 et seq.) with the purpose of providing environmental health programs throughout the county and other local health programs in any municipality which contracts therefor with the county board.

[d.] "Department" means the Department of Environmental Protection.

"Environmental health" means those health and environmental programs relating to the control of air pollution, solid waste, hazardous waste, noise, pesticides, radiation, and water pollution and to protect workers and the public from hazardous substances and toxic catastrophes, or to such other health and environmental programs as may be designated by the commissioner.

[e.] "Local health agency" means a county department, or regional or municipal health agency responsible, pursuant to law, for the conduct, within its area of jurisdiction, of a public health program administered by a full-time health officer.

"Monitor" means check, test, observe, survey or inspect to determine compliance with environmental health standards.

[f.] "Noise" means any sounds of such level and duration as to be or tend to be injurious to human health or welfare, or which would unreasonably interfere with the enjoyment of life or property throughout the State or in any portions thereof, but excludes all aspects of the employer-employee relationship concerning health and safety hazards within the confines of a place of employment.

[g.] "Pesticides" means "pesticides" as defined in section 3 of P.L.1971, c.176 (C.13:1F-3).

"Radiation" means "unnecessary radiation" as defined in section 2 of P.L.1958, c.116 (C.26:2D-2); radon gas and radon progeny; "low-level radioactive waste" as defined in section 3 of P.L.1987, c.333 (C.13:1E-179), or as defined by the Commissioner of Environmental Protection pursuant to regulation.

"Solid waste" means garbage, refuse, and other discarded materials resulting from industrial, commercial and agricultural operations, and from domestic and community activities, and shall include all other waste materials including liquids, except for solid animal and vegetable wastes collected by swine producers licensed by the **[**State**]** Department of Agriculture to collect, prepare and feed such wastes to swine on their own farms.

[h.**]** "State statutes concerning environmental health" or "environmental health laws" means the "Solid Waste Management Act," P.L.1970, c.39 (C.13:1E-1 et seq.), the "Pesticide Control Act of 1971," P.L.1971, c.176 (C.13:1F-1 et seq.), the "Noise Control Act of 1971," P.L.1971, c.418 (C.13:1G-1 et seq.), the "Radiation Protection Act," P.L.1958, c.116 (C.26:2D-1 et seq.), the "Environmental Cleanup Responsibility Act," P.L.1983, c.330 (C.13:1K-6 et seq.), the "Toxic Catastrophe Prevention Act," P.L.1985, c.403 (C.13:1K-19 et seq.), the "Air Pollution Control Act (1954)," P.L.1954, c.212 (C.26:2C-1 et seq.), the "Worker and Community Right to Know Act," P.L.1983, c.315 (C.34:5A-1 et seq.), the "Water Pollution Control Act," P.L.1977, c.74 (C.58:10A-1 et seq.), P.L.1986, c.102 (C.58:10A-21 et seq.), and any other State environmental health law that the commissioner deems appropriate.

"Water pollution" means the presence in or upon the surface or ground waters of this State of one or more contaminants, including any form of solid or liquid waste of any composition whatsoever, in such quantities and duration as are, or tend to be, injurious to the human health or welfare, animal or plant life, or property, or would unreasonably interfere with the enjoyment of life or property within any portion of the State.

[i. "Certified local health agency" means a local health agency satisfying the performance and administrative standards authorized in section 15 of P.L.1977, c.443 (C.26:3A2-33).

j. "Commissioner" means the Commissioner of Environmental Protection.

k. "Department" means the Department of Environmental Protection.

l. "Local health agency" means a county department, or regional or municipal health agency responsible, pursuant to law, for the conduct, within its area of jurisdiction, of a public health program administered by a full-time health officer.

m. "Pesticides" means "pesticides" as defined in section 3 of P.L.1971, c.176 (C.13:1F-3).

n. "Radiation" means "unnecessary radiation" as defined in section 2 of P.L.1958, c.116 (C.26:2D-2); radon gas and radon progeny; "low-level radioactive waste" as defined in section 3 of P.L.1987, c.333 (C.13:1E-179), or as defined by the Commissioner of Environmental Protection pursuant to regulation.

o. "State statutes concerning environmental health" or "environmental health laws" means the "Solid Waste Management Act," P.L.1970, c.39 (C.13:1E-1 et seq.), the "Pesticide Control Act of 1971," P.L.1971, c.176 (C.13:1F-1 et seq.), the "Noise Control Act of 1971," P.L.1971, c.418 (C.13:1G-1 et seq.), the "Radiation Protection Act," P.L.1958, c.116 (C.26:2D-1 et seq.), the "Environmental Cleanup Responsibility Act," P.L.1983, c.330 (C.13:1K-6 et seq.), the "Toxic Catastrophe Prevention Act," P.L.1985, c.403 (C.13:1K-19 et seq.), the "Air Pollution Control Act (1954)," P.L.1954, c.212 (C.26:2C-1 et seq.), the "Worker and Community Right to Know Act," P.L.1983, c.315 (C.34:5A-1 et seq.), the "Water Pollution Control Act," P.L.1977, c.74 (C.58:10A-1 et seq.), P.L.1986, c.102 (C.58:10A-21 et seq.), and any other State environmental health law that the commissioner deems appropriate.**]**

(cf: P.L.1991, c.99, s.2)

79. Section 1 of P.L.2019, c.336 (C.26:4-48.2) is amended to read as follows:

1. a. Notwithstanding any other provision of law to the contrary, a health care professional who diagnoses a patient as having a sexually transmitted disease may provide expedited partner therapy to a sexual partner of the patient pursuant to **[**this act**]** P.L.2019, c.336 (C.26:4-48.2 et seq.).

b. Expedited partner therapy shall consist of the health care professional:

(1) prescribing or dispensing medication for the treatment of the sexually transmitted disease. The medication shall be prescribed or dispensed in the sexual partner's name or, if not known, in the name of "Expedited Partner Therapy," and provided to the patient to give to the sexual partner;

(2) providing the patient with printed informational materials, which have been distributed by the department pursuant to subsection a. of section 2 of **[**this act**]** P.L.2019, c.336 (C.26:4-48.3), for the patient to give to the sexual partner; and

(3) requesting that the patient advise the sexual partner of the importance of seeking clinical treatment for the sexually transmitted disease from a health care professional.

The health care professional shall not be required to perform a clinical examination of the sexual partner as a condition of providing expedited partner therapy.

c. A health care professional may provide expedited partner therapy to any sexual partner of the patient, provided that:

(1) the patient indicates with reasonable certainty that the patient has had sexual contact with the sexual partner within the past 60 days under circumstances in which there was a risk of transmission of a sexually transmitted disease;

(2) the patient indicates with reasonable certainty that the sexual partner is unable or unwilling to seek clinical services in a timely manner; and

(3) the patient indicates with reasonable certainty that the patient will be able to contact the sexual partner for the purposes of providing expedited partner therapy.

d. As used in **[**this act:

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Health**]** P.L.2019, c.336 (C.26:4-48.2 et seq.), "health care professional" means a physician, advanced practice nurse, certified nurse midwife, or physician assistant who is authorized to issue prescriptions for the medications used in expedited partner therapy and for whom the treatment of sexually transmitted disease is within the physician's, advanced practice nurse's, certified nurse midwife's, or physician assistant's scope of training and practice.

(cf: P.L.2019, c.336, s.1)

80. Section 3 of P.L.2004, c.138 (C.26:4-133) is amended to read as follows:

3. As used in **[**this act**]** P.L.2004, c.138 (C.26:4-131 et seq.):

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Health care provider" means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) or a health care professional whose practice is regulated pursuant to Title 45 of the Revised Statutes.

"Registry" means the New Jersey Immunization Information System established pursuant to this act.

(cf: P.L.2012, c.17, s.339)

81. Section 2 of P.L.2019, c.23 (C.26:4A-5.1) is amended to read as follows:

2. a. Each seasonal swimming pool shall be inspected by the health authority prior to its opening for public use, and each year-round swimming pool shall be inspected by the health authority at least two times in each calendar year. A seasonal swimming pool may, prior to opening for public use, elect to submit to the health authority a completed Checklist for Public Recreational Bathing Facilities developed by the Department of Health, which the health authority may choose to review in lieu of conducting an onsite inspection, except that the health authority shall be required to conduct an onsite inspection of each new swimming pool prior to its opening for public use for the first time. Nothing in this subsection

shall be construed to require any swimming pool to complete the Checklist for Public Recreational Bathing Facilities developed by the Department of Health. **[**As used in this subsection, "health authority" means the Department of Health or a municipal, county, or regional board of health.**]**

b. Lifeguards who are on duty at a swimming pool shall not have duties or perform any activities that would distract them or intrude upon their attention from proper observation of persons in the swimming pool area or that prevent immediate assistance to persons in distress in the water; except that nothing in this subsection shall be construed to prevent any lifeguard from performing minor administrative tasks, such as checking pool passes, or from performing any routine testing required by the Department of Health by regulation, including, but not limited to, testing disinfectant levels and measuring the pH of the water during operational hours, provided that the lifeguard can perform these tasks and tests without causing an imminent, significant risk to bather safety.

c. No seasonal or year-round swimming pool that was in existence on January 1, 2018 shall be required to take any steps to comply with any new requirements concerning swimming pool circulation systems established by the Department of Health by regulation on or after January 1, 2018, until such time as alterations are made to any part of that swimming pool's circulation system. **[**As used in this subsection, "alteration" means any modification or relocation of any structure or equipment, or change of water flow patterns in an existing swimming pool, such that the design, configuration, or operating characteristics of the circulation system are different from the original design, configuration, or operating characteristics of the circulation system. The term does not include normal maintenance, repair, or replacement of equipment with the same or a newer model.**]**

<u>d. As used in this section:</u>

<u>"Alteration" means any modification or relocation of any structure or equipment, or change of water flow patterns in an existing swimming pool, such that the design, configuration, or operating characteristics of the circulation system are different from the original design, configuration, or operating characteristics of the circulation system. The term does not include normal maintenance, repair, or replacement of equipment with the same or a newer model.</u>

<u>"Health authority" means the Department of Health or a municipal, county, or regional board of health.</u>

(cf: P.L.2019, c.23, s.2)

82. Section 1 of P.L.2019, c.242 (C.26:4C-1) is amended to read as follows:

1. As used in **[**this act**]** <u>P.L.2019, c.242 (C.26:4C-1 et seq.)</u>:

[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] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47]

["Department" means the Department of Health.**]**

"Health care facility" means a health care facility that is licensed by the department pursuant to the "Health Care Facilities Planning Act," P.L.1971, c.136 (C.26:2H-1 et seq.).

"Lactation room" means a sanitary room, other than a restroom, which can be used by a mother to breast feed her baby or express milk in private, and which includes an electrical outlet, a chair, and nearby access to running water.

"Medical Assistance Customer Center" means a community-based office that is operated by the Division of Medical Assistance and Health Services in the Department of Human Services.

"One-Stop Career Center" means the same as that term is defined by section 3 of P.L.1992, c.43 (C.34:15D-3).

(cf: P.L.2019, c.242, s.1)

83. Section 1 of P.L.1989, c.303 (C.26:5C-5) is amended to read as follows:

1. As used in **[**this act**]** P.L.1989, c.303 (C.26:5C-5 et seq.):

"AIDS" means acquired immune deficiency syndrome as defined by the federal Centers for Disease Control and Prevention of the United States Public Health Service.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"Diagnosis and treatment" means services or activities carried out for the purpose of, or as an incident to, diagnosis, prevention and treatment of AIDS and HIV infection and includes interviewing and counseling.

"HIV infection" means infection with the human immunodeficiency virus or any other related virus identified as a probable causative agent of AIDS.

"HIV related illness" means an illness that may result from, or may be associated with, HIV infection.

"HIV related test" means any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent thought to cause or to indicate the presence of AIDS.

"Identifying information" means the name, address, Social Security number, or similar information by which the identity of a person who has or is suspected of having AIDS or HIV infection may be determined with reasonable accuracy either directly or by reference to other publicly available information.

"Informed consent" means consent obtained pursuant to policies and procedures prescribed in 42 C.F.R. s.2.31.

"Minor" means a person under the age of 12.

"Program" means either an individual or an organization furnishing diagnosis and treatment of AIDS and conditions related to HIV infection.

(cf: P.L.1989, c.303, s.1)

84. Section 1 of P.L.1995, c.174 (C.26:5C-15) is amended to read as follows:

1. As used in **[**this act**]** P.L.1995, c.174 (C.26:5C-15 et seq.):

"AIDS" means acquired immune deficiency syndrome as defined by the federal Centers for Disease Control and Prevention of the United States Public Health Service.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.**]**

"HIV" means the human immunodeficiency virus or any other related virus identified as a probable causative agent of AIDS.

(cf: P.L.2012, c.17, s.342)

85. Section 1 of R.S.26:6-1 is amended to read as follows:

26:6-1. As used in this chapter:

["Local registrar" or "registrar" means the local registrar of vital statistics. "State registrar" means the State Registrar of Vital Statistics.

"Registration district" or "district" means the district established by law for the registration of vital events.

"Fetal death" or "stillbirth" means death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

"Dead body" means the dead body of a human being.

The definition of the term "communicable disease" as contained in R.S.26:4-1 shall also apply to this chapter.**]**

"Authentication" means the entry by the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or a county or intercounty medical examiner or assistant county or intercounty medical examiner, funeral director or physician into the New Jersey Electronic Death Registration System of a personal identification code, digital signature or other identifier unique to that user, by which the information entered into the system by the user is authenticated by the user who assumes responsibility for its accuracy. "Authentication" also means the process by which the State registrar or a local registrar, deputy registrar, alternate deputy registrar or subregistrar indicates that person's review and approval of information entered into the system by the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or a county or intercounty medical examiner or assistant county or intercounty medical examiner, funeral director or physician.

"Communicable disease" means the same as that term is defined in R.S.26:4-1.

"Dead body" means the dead body of a human being.

"Electronic registration system" means any electronic method, including, but not limited to, one based on Internet technology, of collecting, transmitting, recording and authenticating information from one or more responsible parties, which is necessary to complete a vital record, and is designed to replace a manual, paper-based data collection, recordation and signature system.

"Fetal death" or "stillbirth" means death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

"New Jersey Electronic Death Registration System" or "NJ-EDRS" is an electronic registration system for completing a certification of death or fetal death record that is authorized, designed and maintained by the State registrar.

"Registration district" or "district" means the district established by law for the registration of vital events.

(cf: P.L.2018, c.62, s.23)

86. Section 1 of P.L.2015, c.187 (C.26:6-8.5) is amended to read as follows:

1. a. Alzheimer's disease and related disorders may be listed as a secondary cause of death on a certification of death in any case in which:

(1) the deceased person is diagnosed as having Alzheimer's disease or a related disorder; and

(2) it is determined, in accordance with currently accepted medical standards and with a reasonable degree of medical certainty, that Alzheimer's disease or a related disorder was a significant contributing cause of the person's death.

b. Nothing in this section shall be construed to require any person to list Alzheimer's disease or a related disorder as a secondary cause of death, and no person shall be subject to any criminal or civil liability or any professional disciplinary action under Title 45 of the Revised Statutes for listing or failing to list Alzheimer's disease or a related disorder as a secondary cause of death on a certification of death.

c. **[**As used in this section, "Alzheimer's disease and related disorders" means forms of dementia characterized by a general loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning.**]** (deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)

(cf: P.L.2015, c.187, s.1)

87. Section 3 of P.L.2008, c.49 (C.26:6-70) is amended to read as follows:

3. As used in [this act] P.L.2008, c.49 (C.26:6-68 et seq.):

"Anatomical research recovery organization" means a nonprofit corporation engaged in the recovery of a human body or part donated for education, research, or the advancement of medical, dental, or mortuary science pursuant to P.L.1969, c.161 (C.26:6-57 et seq.) or any subsequent statute adopted pursuant thereto, where part or all of the recovery takes place in this State. Anatomical research recovery organization shall not include an accredited institution of higher education in this State that uses an anatomical gift for its own educational or research purposes and is not engaged in the distribution of a human body or part to another person or entity.

["Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.]

"Distribution" means the removal of a human body or part from a storage location to any other location for educational or research use, or the advancement of medical, dental, or mortuary science.

"Education" means the use of the whole body or parts for purposes of teaching or training individuals, including medical or dental professionals and students, with regard to the anatomy and characteristics of the human body.

"Human body part" or "part" means organs, tissues, eyes, bones, blood vessels, and any other portions of a deceased human body which are subject to an anatomical gift pursuant to P.L.1969, c.161 (C.26:6-57) or any subsequent statute adopted pursuant thereto, but does not include blood collected pursuant to P.L.1945, c.301 (C.26:2A-1).

"Recovery" means the obtaining of a human body or part, including, but not limited to, determining or obtaining consent or authorization for donation of the human body or part, performing surgical or other technical procedures for recovering the body or part, and processing the body or part. Recovery does not include actions taken by a medical examiner or coroner as part of his professional duties.

"Research" means the conduct of scientific testing and observation designed to result in the acquisition of generalizable knowledge. Research does not include an autopsy or other investigation conducted for the purpose of obtaining information related to the decedent.

(cf: P.L.2012, c.17, s.346)

88. Section 2 of P.L.2008, c.50 (C.26:6-78) is amended to read as follows:

2. As used in [this act] P.L.2008, c.50 (C.26:6-77 et seq.):

["Adult" means a person who is at least 18 years of age.]

"Advance directive for health care" means an advance directive for health care that is executed pursuant to P.L.1991, c.201 (C.26:2H-53 et seq.).

"Agent" means a person who is authorized to act as a health care representative by an advance directive for health care or is expressly authorized to make an anatomical gift on a donor's behalf by any other record signed by the donor.

"Anatomical gift" means a donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation, therapy, research, or education.

"Civil union partner" means one partner in a civil union couple as defined in section 2 of P.L.2006, c.103 (C.37:1-29).

"Decedent" means a deceased person whose body or part is or may be the source of an anatomical gift, and includes a stillborn infant or fetus.

"Designated requester" means a hospital employee who has completed a course offered or approved by an organ procurement organization.

"Disinterested witness" means a witness other than: the spouse, civil union partner, domestic partner, child, parent, sibling, grandchild, grandparent, or guardian of the person who makes, amends, revokes, or refuses to make an anatomical gift; another adult who exhibited special care and concern for the decedent; or a person to whom an anatomical gift may pass pursuant to section 10 of P.L.2008, c.50 (C.26:6-86).

"Document of gift" means a donor card or other record used to make an anatomical gift, and includes a statement or symbol on a driver's license, identification card, or donor registry.

"Domestic partner" means a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3).

"Donor" means a person whose body or part is the subject of an anatomical gift.

"Donor registry" means a database that contains records of anatomical gifts.

"Driver's license" means a license or permit issued by the New Jersey Motor Vehicle Commission to operate a vehicle, whether or not conditions are attached to the license or permit.

"Eye bank" means an entity that is licensed, accredited, or regulated under federal or State law to engage in the recovery, screening, testing, processing, storage, or distribution of human eyes or portions of human eyes.

"Guardian" means a person appointed by a court to make decisions regarding the support, care, education, health, or welfare of another individual, but does not include a guardian ad litem.

"Hospital" means an institution, whether operated for profit or not, whether maintained, supervised, or controlled by an agency of State government or a county or municipality or not, which maintains and operates facilities for the diagnosis, treatment, or care of two or more non-related individuals with an illness, injury, or disability, and where emergency, outpatient, surgical, obstetrical, convalescent, or other medical and nursing care is rendered for periods exceeding 24 hours.

"Identification card" means an identification card issued by the New Jersey Motor Vehicle Commission.

"Medical examiner" means the Chief State Medical Examiner, Deputy Chief State Medical Examiner, a county or intercounty medical examiner or assistant county or intercounty medical examiner, performing their duties pursuant to P.L.2018, c.62 (C.26:6B-1 et al.).

"Minor" means a person who is under 18 years of age.

"Organ procurement organization" means an entity designated by the United States Secretary of Health and Human Services as an organ procurement organization.

"Parent" means a parent whose parental rights have not been terminated.

"Part" means an organ, eye, or tissue of a human being, but does not include the whole body.

"Physician" means a person authorized to practice medicine or osteopathy under the laws of any state.

"Procurement organization" means an eye bank, organ procurement organization, or tissue bank.

"Prospective donor" means a person who is dead or whose death is imminent and has been determined by a procurement organization to have a part that could be medically suitable for transplantation, therapy, research, or education, but does not include an individual who has made a refusal.

"Reasonably available" means able to be contacted by a procurement organization without undue effort and willing and able to act in a timely manner consistent with existing medical criteria necessary for the making of an anatomical gift.

"Recipient" means a person into whose body a decedent's part has been or is intended to be transplanted.

"Record" means information that is inscribed on a tangible medium or stored in an electronic or other medium and is retrievable in perceivable form.

"Refusal" means a record created pursuant to P.L.2008, c.50 (C.26:6-77 et seq.) that expressly states an intent to bar other persons from making an anatomical gift of a person's body or part.

"Sign" means, with the present intent to authenticate or adopt a record, to execute or adopt a tangible symbol, or to attach to or logically associate with the record an electronic symbol, sound, or process.

["State" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States.**]**

"Technician" means a person who is determined to be qualified to remove or process parts by an appropriate organization that is licensed, accredited, or regulated under federal or State law, and includes an enucleator.

"Tissue" means a portion of the human body other than an organ or an eye, but does not include blood unless it is needed to facilitate the use of other parts or is donated for the purpose of research or education.

"Tissue bank" means an entity that is licensed, accredited, or regulated under federal or State law to engage in the recovery, screening, testing, processing, storage, or distribution of tissue.

"Transplant hospital" means a hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients.

(cf: P.L.2018, c.62, s.28)

89. Section 3 of P.L.2018, c.62 (C.26:6B-3) is amended to read as follows:

3. As used in **[**this act**]** P.L.2018, c.62 (C.26:6B-1 et al.):

["Commissioner" means the Commissioner of Health.**]**

"Compelling public necessity" means one or more of the following:

a. that a dissection or autopsy is essential to the criminal investigation of a homicide of which the decedent is the victim;

b. that the discovery of the cause of death is necessary to meet an immediate and substantial threat to the public health, and that a dissection or autopsy is essential to ascertain the cause of death;

c. that the death was that of an inmate of a prison, jail, or other correctional facility;

d. that the death was that of a child under the age of 12 years suspected of having been abused or neglected or suspected of being a threat to public health, and the cause of whose death is not apparent after diligent investigation by the medical examiner; or

e. that the need for a dissection or autopsy is established pursuant to the provisions of **[**this act**]** P.L.2018, c.62 (C.26:6B-1 et al.).

["Department" means the Department of Health.**]**

"Friend" means any person who, prior to the decedent's death, maintained close contact with the decedent sufficient to render that person knowledgeable of the decedent's activities, health, and religious beliefs, and who presents an affidavit stating the facts and circumstances upon which the claim that the person is a friend is based, and stating that the person will assume responsibility for the lawful disposition of the body of the deceased.

"Medicolegal death investigator" means a person, other than a medical examiner, who is not a physician, but who is authorized to investigate a death that falls under the jurisdiction of the medical examiner, including all suspicious, violent, unexplained, and unexpected deaths.

"Person in interest" means the spouse, civil union partner, domestic partner, adult child, parent, adult sibling, grandparent, or

guardian of the person of the deceased at the time of the deceased's death.
(cf: P.L.2018, c.62, s.3)

90. Section 2 of P.L.2019, c.75 (C.26:18-2) is amended to read as follows:

2. As used in **[**this act**]** P.L.2019, c.75 (C.26:18-1 et al.) :

"Committee" means the Maternal Mortality Review Committee, established pursuant to section 4 of **[**this act**]** P.L.2019, c.75 (C.26:18-4) which is responsible for annually reviewing and reporting on maternal death rates and the causes of maternal death in the State, and which is further responsible for providing recommendations to improve maternal care and reduce adverse maternal outcomes.

["Department" means the Department of Health.**]**

"Maternal death" means a pregnancy-associated death.

"Maternal Mortality Case Review Team" means the interdisciplinary team of experts that is operating in the Department of Health as of the effective date of **[**this act**]** P.L.2019, c.75, (C.26:18-1 et al.), and which is being replaced by the committee established pursuant to **[**this act**]** P.L.2019, c.75 (C.26:18-1 et al.).

"NJMCQC" means the New Jersey Maternal Care Quality Collaborative, established pursuant to section 3 of P.L.2019, c.75 (C.26:18-3).

"Pregnancy-associated death" means the death of a woman, which occurs while the woman is pregnant, or during the one-year period following the date of the end of the pregnancy, irrespective of the cause of death.

"Pregnancy-related death" means the death of a woman, which occurs while the woman is pregnant, or during the one-year period following the date of the end of the pregnancy, regardless of the duration of the pregnancy, and which results from any cause related to, or aggravated by, the pregnancy or its management, but excluding any accidental or incidental cause.

"Report of maternal death" means a report of a suspected maternal death, which is filed with the department, pursuant to the processes established under subsection a. of section 7 of **[**this act**]** P.L.2019, c.75 (C.26:18-7), and which is to be forwarded to the committee for the purposes of investigation, as provided by subsection b. of that section.

"Severe maternal morbidity" means the physical and psychological conditions that result from, or are aggravated by, pregnancy, and which have an adverse effect on the health of a woman.

["State registrar" means the State registrar of vital statistics, who is responsible for supervising the registration of, and maintaining,

death records in the State, in accordance with the provisions of R.S.26:8-1 et seq.**]**
(cf: P.L.2019, c.75, s.2)

91. Section 2 of P.L.1983, c.385 (C.26:7-18.2) is amended to read as follows:

2. a. Except as provided by subsection b. of this section, a person may dispose of the cremains of a dead human body which have not been claimed by a relative or friend of the deceased within one year from the date of cremation upon certification, to the commissioner's satisfaction, that a diligent effort has been made to identify, locate and notify a relative or friend of the deceased within that one-year period. A diligent effort shall include a certified letter, return receipt requested, mailed to the person who authorized the cremation.

[As used in this section, "cremains" means that substance which remains after the cremation of a dead human body.**]**

b. A funeral director, licensed pursuant to P.L.1952, c.340 (C.45:7-32 et seq.), shall grant a qualified veterans' organization the right to receive the cremains of a veteran, or the cremains of an eligible spouse or eligible dependent of a veteran, which have not been claimed by a relative or friend of the deceased within one year after cremation upon certification, to the commissioner's satisfaction, that a diligent effort, as defined in subsection a. of this section, has been made to identify, locate and notify a relative or friend of the deceased within that one-year period.

A qualified veterans' organization which takes possession of cremains pursuant to this section shall dispose of the cremains by scattering them at sea or by interring them on land in a dignified manner at the State-operated, Brigadier General William C. Doyle Veterans' Memorial Cemetery, a State-operated veterans' memorial cemetery, a national veterans' memorial cemetery, or a local veterans' memorial cemetery, if the individual is eligible for interment at those facilities.

[As used in this section, "qualified veterans' organization" means a veterans' organization that qualifies as a section 501(c)(3) or 501(c)(19) tax exempt organization under the Internal Revenue Code, or a federally chartered Veterans' Service Organization.**]**

c. A funeral home or mortuary, or an agent of the funeral home or mortuary, or a funeral director, or qualified veterans' organization, shall not be liable for damages in any civil action arising out of the disposal of cremains pursuant to this section unless the damages are the result of gross negligence or willful misconduct.

d. As used in this section:

"Cremains" means that substance which remains after the cremation of a dead human body.

"Qualified veterans' organization" means a veterans' organization that qualifies as a section 501(c)(3) or 501(c)(19) tax exempt organization under the Internal Revenue Code, or a federally chartered Veterans' Service Organization.

(cf: P.L.2021, c.37, s.1)

92. R.S.26:8-1 is amended to read as follows:

26:8-1. As used in this chapter:

["Vital statistics" means statistics concerning births, deaths, fetal deaths, marriages, civil unions and domestic partnerships established pursuant to P.L.2003, c.246 (C.26:8A-1 et al.).

"Vital records" means the birth, death, fetal death, marriage, civil union and domestic partnership records from which vital statistics are produced.

"State registrar" means the State registrar of vital statistics; "Local registrar" or "registrar" means the local registrar of vital statistics of any district; and "registration district" or "district" means a registration district as constituted by this article.

"Live birth" or "birth" means the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta attached.**]**

"Authentication" means the entry by the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or a county or intercounty medical examiner or assistant county or intercounty medical examiner, funeral director or physician into the New Jersey Electronic Death Registration System of a personal identification code, digital signature or other identifier unique to that user, by which the information entered into the system by the user is authenticated by the user who assumes responsibility for its accuracy. "Authentication" also means the process by which the State registrar or a local registrar, deputy registrar, alternate deputy registrar or subregistrar indicates that person's review and approval of information entered into the system by the Chief State Medical Examiner, Deputy Chief State Medical Examiner, or a county or intercounty medical examiner or assistant county or intercounty medical examiner, funeral director or physician.

"Electronic registration system" means any electronic method, including, but not limited to, one based on Internet technology, of collecting, transmitting, recording and authenticating information from one or more responsible parties, which is necessary to complete a vital record, and is designed to replace a manual, paper-based data collection, recordation and signature system.

"Live birth" or "birth" means the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes

or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta attached.

"New Jersey Electronic Death Registration System" or "NJ-EDRS" is an electronic registration system for completing a certification of death or fetal death record that is authorized, designed and maintained by the State registrar.

"Registration district" or "district" means a registration district as constituted by this article.

(cf: P.L.2018, c.62, s.30)

93. Section 3 of P.L.2003, c.246 (C.26:8A-3) is amended to read as follows:

3. As used in sections 1 through 9 of P.L.2003, c.246 (C.26:8A-1 through C.26:8A-9) and in R.S.26:8-1 et seq.:

"Affidavit of Domestic Partnership" means an affidavit that sets forth each party's name and age, the parties' common mailing address, and a statement that, at the time the affidavit is signed, both parties meet the requirements of this act for entering into a domestic partnership and wish to enter into a domestic partnership with each other.

"Basic living expenses" means the cost of basic food and shelter, and any other cost, including, but not limited to, the cost of health care, if some or all of the cost is paid as a benefit because a person is another person's domestic partner.

"Certificate of Domestic Partnership" means a certificate that includes: the full names of the domestic partners, a statement that the two individuals are members of a registered domestic partnership recognized by the State of New Jersey, the date that the domestic partnership was entered into, and a statement that the partners are entitled to all the rights, privileges and responsibilities accorded to domestic partners under the law. The certificate shall bear the seal of the State of New Jersey.

["Commissioner" means the Commissioner of Health.**]**

"Domestic partner" or "partner" means a person who is in a relationship that satisfies the definition of a domestic partnership as set forth in **[**this act**]** P.L.2003, c.246 (C26:8A-1 et al.).

"Have a common residence" means that two persons share the same place to live in this State, or share the same place to live in another jurisdiction when at least one of the persons is a member of a State-administered retirement system, regardless of whether or not: the legal right to possess the place is in both of their names; one or both persons have additional places to live; or one person temporarily leaves the shared place of residence to reside elsewhere, on either a short-term or long-term basis, for reasons that include, but are not limited to, medical care, incarceration, education, a sabbatical, or employment, but intends to return to the shared place of residence.

"Jointly responsible" means that each domestic partner agrees to provide for the other partner's basic living expenses if the other partner is unable to provide for himself.

"Notice of Rights and Obligations of Domestic Partners" means a form that advises domestic partners, or persons seeking to become domestic partners, of the procedural requirements for establishing, maintaining, and terminating a domestic partnership, and includes information about the rights and responsibilities of the partners.

(cf: P.L.2012, c.17, s.354)

94. Section 3 of P.L.1973, c.375 (C.26:12-3) is amended to read as follows:

3. As used in **[**this act**]** P.L.1973, c.375 (C.26:12-1 et seq.):

[a.**]** "Commissioner" means the Commissioner of Health or any of the commissioner's authorized deputies, representatives, agents or employees.

"Youth camp" means any parcel or parcels of land having the general characteristics and features of a camp as the term is generally understood, used wholly or in part for recreational or educational purposes and accommodating five or more children under 18 years of age for a period of, or portions of, **[**2**]** two days or more, and includes a site that is operated as a day camp or as a resident camp, except that a day program which offers only a minimal recreational component shall not be considered a youth camp; however, no such program shall include any hazardous recreational activity such as but not limited to aquatics, archery, horseback riding and riflery without first obtaining the prior written approval of the Department of Health. Failure to obtain such approval or comply with the regulations established for the activity involved shall subject the program to penalties in accordance with sections 10 and 11 of P.L.1973, c. 375 (C. 26:12-10 and 26:12-11).

[b.**]** "Youth camp operator" means any private agency, organization, or person, and any individual, who operates, controls or supervises a youth camp, whether such camp is operated for profit or not for profit.

"Youth camp safety standards" means criteria directed toward safe operations of youth camps, in such areas as, but not limited to, personnel qualifications for director and staff, ratio of staff to campers, sanitation and public health, personal health, first aid and medical services, food handling, mass feeding and cleanliness, water supply and waste disposal, water safety including use of lakes and rivers, swimming and boating equipment and practices, vehicle condition and operation, building and site design, equipment, condition and density of use, emergency evacuation procedures and fire safety.

[c. "Youth camp operator" means any private agency, organization, or person, and any individual, who operates, controls

or supervises a youth camp, whether such camp is operated for profit or not for profit.

d. "Commissioner" means the Commissioner of Health or any of his authorized deputies, representatives, agents or employees.**]**

(cf: P.L.1981, c.536, s.1)

95. Section 3 of P.L.2015, c.231 (C.26:12-19) is amended to read as follows:

3. As used in **[**this act**]** P.L.2015, c.231 (C.26:12-17 et seq.):

["Commissioner" means the Commissioner of Health.**]**

"Member of the youth camp community" means a person who is a camper at, or a staff member of, a youth camp.

"Professionally qualified health care provider" means a licensed health care professional whose authorized scope of practice includes the administration of medication, whether independently, or through a joint protocol or standing order from a physician.

"Trained designee" means a youth camp staff member who has been trained by the youth camp health director or, if the youth camp health director is not professionally qualified to administer epinephrine, by a professionally qualified health care provider, in the detection of anaphylaxis and the emergency administration of epinephrine using a pre-filled auto-injector mechanism.

"Youth camp" means the same as that term is defined by section 3 of P.L.1973, c.375 (C.26:12-3).

"Youth camp health director" means and includes a person, 18 years of age or older, who meets the qualifications required by N.J.A.C.8:25-5.2 and who is responsible for the proper medical recordkeeping, care, and treatment of campers at a youth camp. Youth camps that do not have a health director who is a medical professional may use one of the following options: a youth camp health director trained in the emergency administration of epinephrine via a pre-filled auto-injector mechanism by the professionally qualified health care provider responsible for writing the prescription with documentation; an emergency medical technician certified in emergency epinephrine auto-injector administration; or an individual trained in the detection of anaphylaxis and the emergency administration of epinephrine using a pre-filled auto-injector device.

"Youth camp operator" means the same as that term is defined by section 3 of P.L.1973, c.375 (C.26:12-3).

(cf: P.L.2015, c.231, s.3)

96. Section 2 of P.L.2005, c.222 (C.26:13-2) is amended to read as follows:

2. As used in **[**this act**]** P.L.2005, c.222 (C.26:13-1 et al.):

"Biological agent" means any microorganism, virus, bacterium, rickettsiae, fungus, toxin, infectious substance, or biological product that may be naturally occurring or engineered as a result of

biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, bacterium, rickettsiae, fungus, infectious substance, or biological product, capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism.

"Bioterrorism" means the intentional use or threat of use of any biological agent, to cause death, disease, or other biological malfunction in a human, animal, plant, or other living organism, or degrade the quality and safety of the food, air, or water supply.

"Chemical weapon" means a toxic chemical and its precursors, except where intended for a lawful purpose as long as the type and quantity is consistent with such a purpose. Chemical weapon includes, but is not limited to: nerve agents, choking agents, blood agents, and incapacitating agents.

"Commissioner" means the Commissioner of Health, or the commissioner's designee.

["Contagious disease" means an infectious disease that can be transmitted from person to person.

"Department" means the Department of Health.**]**

"Health care facility" means any non-federal institution, building or agency, or portion thereof whether public or private for profit or nonprofit that is used, operated or designed to provide health services, medical or dental treatment or nursing, rehabilitative, or preventive care to any person. Health care facility includes, but is not limited to: an ambulatory surgical facility, home health agency, hospice, hospital, infirmary, intermediate care facility, dialysis center, long-term care facility, medical assistance facility, mental health center, paid and volunteer emergency medical services, outpatient facility, public health center, rehabilitation facility, residential treatment facility, skilled nursing facility, and adult day care center. Health care facility also includes, but is not limited to, the following related property when used for or in connection with the foregoing: a laboratory, research facility, pharmacy, laundry facility, health personnel training and lodging facility, patient, guest and health personnel food service facility, and the portion of an office or office building used by persons engaged in health care professions or services.

"Health care provider" means any person or entity who provides health care services including, but not limited to: a health care facility, bioanalytical laboratory director, perfusionist, physician, physician assistant, pharmacist, dentist, nurse, paramedic, respiratory care practitioner, medical or laboratory technician, and ambulance and emergency medical workers.

["Infectious disease" means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, virus, or prion. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.**]**

"Isolation" means the physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected, on the basis of signs, symptoms or laboratory analysis, with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

["Local health agency" means a county, regional, municipal, or other governmental agency organized for the purpose of providing health services, administered by a full-time health officer and conducting a public health program pursuant to law.**]**

"Local Information Network and Communications System Agency" or "LINCS agency" means the lead local public health agency in each county or identified city, as designated and determined by the commissioner pursuant to section 21 of **[**this act**]** P.L.2005, c.222 (C.26:13-21), responsible for providing central planning, coordination, and delivery of specialized services within the designated county or city, in partnership with the other local health agencies within that jurisdiction, in order to prepare for and respond to acts of bioterrorism and other forms of terrorism or other public health emergencies or threats, and to discharge the activities as specified under this act.

"Microorganism" includes, but is not limited to, bacteria, viruses, fungi, rickettsiae, or protozoa.

"Nuclear or radiological device" means: any nuclear device which is an explosive device designed to cause a nuclear yield; an explosive radiological dispersal device used directly or indirectly to spread radioactive material; or a simple radiological dispersal device which is any act, container or any other device used to release radiological material for use as a weapon.

"Overlap agent or toxin" means: any microorganism or toxin that poses a risk to both human and animal health and includes:

Anthrax - Bacillus anthracis

Botulism - Clostridium botulinum toxin, Botulinum neurotoxins, Botulinum neurotoxin producing species of Clostridium

Plague - Yersinia pestis

Tularemia - Francisella tularensis

Viral Hemorrhagic Fevers - Ebola, Marburg, Lassa, Machupo

Brucellosis- Brucellosis species

Glanders - Burkholderia mallei

Melioidosis - Burkholderia pseudomallei

Psittacosis - Chlamydophila psittaci

Coccidiodomycosis - Coccidiodes immitis

Q Fever - Coxiella burnetii

Typhus Fever - Rickettsia prowazekii

Viral Encephalitis - VEE (Venezuelan equine encephalitis virus), EEE (Eastern equine encephalitis), WEE (Western equine encephalitis)

Toxins - Ricinus communis, Clostridium perfringens, Staph. Aureus, Staphylococcal enterotoxins, T-2 toxin, Shigatoxin
Nipah - Nipah virus
Hantavirus - Hantavirus
West Nile Fever - West Nile virus
Hendra - Hendra virus
Rift Valley Fever - Rift Valley Fever virus
Highly Pathogenic Avian Influenza

"Public health emergency" means an occurrence or imminent threat of an occurrence that:

a. is caused or is reasonably believed to be caused by any of the following: (1) bioterrorism or an accidental release of one or more biological agents; (2) the appearance of a novel or previously controlled or eradicated biological agent; (3) a natural disaster; (4) a chemical attack or accidental release of toxic chemicals; or (5) a nuclear attack or nuclear accident; and

b. poses a high probability of any of the following harms: (1) a large number of deaths, illness, or injury in the affected population; (2) a large number of serious or long-term impairments in the affected population; or (3) exposure to a biological agent or chemical that poses a significant risk of substantial future harm to a large number of people in the affected population.

"Quarantine" means the physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals, to prevent or limit the transmission of the disease to non-quarantined individuals.

"Toxin" means the toxic material of plants, animals, microorganisms, viruses, fungi, or infectious substances, or a recombinant molecule, whatever its origin or method of production, including:

a. any poisonous substance or biological product that may be engineered as a result of biotechnology or produced by a living organism; or

b. any poisonous isomer or biological product, homolog, or derivative of such a substance.

(cf: P.L.2012, c.17, s.356)

97. Section 2 of P.L.2008, c.38 (C.26:15-2) is amended to read as follows:

2. a. Beginning one year after the date of enactment of **[**this act**]** P.L.2008, c.38 (C.26:15-1 et al.), all residents of this State 18 years of age and younger shall obtain and maintain health care coverage that provides hospital and medical benefits. The coverage may be provided through an employer-sponsored or individual health benefits plan, the Medicaid program, NJ FamilyCare Program, or the NJ FamilyCare Advantage buy-in program.

b. As used in this section:

[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] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47]

["Medicaid" means the New Jersey Medical Assistance and Health Services Program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).**]**

"NJ FamilyCare" means the NJ FamilyCare Program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

"NJ FamilyCare Advantage" means the buy-in program established pursuant to subsection j. of section 5 of P.L.2005, c.156 (C.30:4J-12).

(cf: P.L.2008, c.38, s.2)

98. Section 3 of P.L.2019, c.59 (C.26:16-3) is amended to read as follows:

3. As used in P.L.2019, c.59 (C.26:16-1 et al.):

["Adult" means an individual who is 18 years of age or older.**]**

"Attending physician" means a physician licensed pursuant to Title 45 of the Revised Statutes who has primary responsibility for the treatment and care of a qualified terminally ill patient and treatment of the patient's illness, disease, or condition.

"Capable" means having the capacity to make health care decisions and to communicate them to a health care provider, including communication through persons familiar with the patient's manner of communicating if those persons are available.

"Consulting physician" means a physician licensed pursuant to Title 45 of the Revised Statutes who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient's illness, disease, or condition.

"Health care facility" means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Health care professional" means a person licensed to practice a health care profession pursuant to Title 45 of the Revised Statutes.

"Health care provider" means a health care professional or health care facility.

"Informed decision" means a decision by a qualified terminally ill patient to request and obtain a prescription for medication that the patient may choose to self-administer to end the patient's life in a humane and dignified manner, which is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:

(1) the patient's medical diagnosis;

(2) the patient's prognosis;

(3) the potential risks associated with taking the medication to be prescribed;

(4) the probable result of taking the medication to be prescribed; and

(5) the feasible alternatives to taking the medication, including, but not limited to, concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control.

["Long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).**]**

"Medically confirmed" means that the medical opinion of the attending physician has been confirmed pursuant to section 7 of P.L.2019, c.59 (C.26:16-7) by a consulting physician who has examined the patient and the patient's relevant medical records.

"Mental health care professional" means a psychiatrist, psychologist, or clinical social worker licensed pursuant to Title 45 of the Revised Statutes.

"Participate in this act" means to perform the duties of a health care provider in accordance with the provisions of P.L.2019, c.59 (C.26:16-1 et al.), but does not include: making an initial determination that a patient is terminally ill and informing the patient of the medical prognosis; providing information about the provisions of P.L.2019, c.59 (C.26:16-1 et al.) to a patient upon the patient's request; or providing a patient, upon the patient's request, with a referral to another health care provider.

"Patient" means a person who is under the care of a physician.

"Qualified terminally ill patient" means a capable adult who is a resident of New Jersey and has satisfied the requirements to obtain a prescription for medication pursuant to P.L.2019, c.59 (C.26:16-1 et al.). A person shall not be considered to be a qualified terminally ill patient solely because of the person's age or disability or a diagnosis of any specific illness, disease, or condition.

"Self-administer" means a qualified terminally ill patient's act of physically administering, to the patient's own self, medication that has been prescribed pursuant to P.L.2019, c.59 (C.26:16-1 et al.).

"Terminally ill" means that the patient is in the terminal stage of an irreversibly fatal illness, disease, or condition with a prognosis, based upon reasonable medical certainty, of a life expectancy of six months or less.

(cf: P.L.2019, c.59, s.3)

99. Section 1 of P.L.2010, c.112 (C.58:10A-61) is amended to read as follows:

1. As used in sections 1 through 9 of **[**this act**]** <u>P.L.2010, c.112 (C.58:10A-61 through C.58:10A-69)</u>:

"Commercial farm" means the same as that term is defined pursuant to section 3 of P.L.1983, c.31 (C.4:1C-3).

"Department" means the Department of Environmental Protection.

"Fertilizer" means a fertilizer material, mixed fertilizer or any other substance containing one or more recognized plant nutrients, which is used for its plant nutrient content, designed for use or claimed to have value in promoting plant growth, and sold, offered for sale, or intended for sale; except that it shall not include

unmanipulated animal or vegetable manures, agricultural liming materials, wood ashes, or processed sewage wastewater solids.

"Impervious surface" means any structure, surface, or improvement that reduces or prevents absorption of stormwater into land, and includes porous paving, paver blocks, gravel, crushed stone, decks, patios, elevated structures, and other similar structures, surfaces, or improvements.

"Local health agency" means the same as that term is defined pursuant to section **[**3 of P.L.1975, c.329 (C.26:3A2-3)**]** 1 of P.L.1947, c.177 (C.26:1A-1).

"Manipulated animal or vegetable manure" means manure that is ground, pelletized, mechanically dried, or otherwise treated to assist with the use of manure as a fertilizer.

"Person" means any individual, corporation, company, partnership, firm, association, political subdivision, or government entity.

"Professional fertilizer applicator" means any individual who applies fertilizer for hire, including any employee of a government entity who applies fertilizer within the scope of employment.

"Slow release nitrogen" means nitrogen in a form that is released over time that is not water soluble.

"Soil test" means a technical analysis of soil conducted by a laboratory authorized by the New Jersey Agricultural Experiment Station at Rutgers, the State University, pursuant to section 6 of this act.

"Turf" means land, including residential property and publicly owned land, that is planted in closely mowed, managed grass, except golf courses or land used in the operation of a commercial farm.

"Waterbody" means a surface water feature, such as a lake, river, stream, creek, pond, lagoon, bay or estuary.

"Water-soluble nitrogen" means nitrogen in a water-soluble form that does not have slow or controlled release properties.

(cf: P.L.2010, c.112, s.1)

100. Section 4 of P.L.2006, c.65 (C.58:10B-24.4) is amended to read as follows:

4. For the purposes of P.L.2006, c.65 (C.58:10B-24.1 et seq.):

"Local health agency" means a "local health agency" as defined in section **[**3 of P.L.1966, c.36 (C.26:2F-3)**]** 1 of P.L.1947, c.177 (C.26:1A-1).

"Oversight document" means any document the Department of Environmental Protection or a court issues to define the role of a person participating in the remediation of a contaminated site or is of concern, and may include, without limitation, an administrative order, administrative consent order, court order, memorandum of understanding, memorandum of agreement, or remediation agreement.

"Person who is responsible for conducting a remediation" means any person who executes or is otherwise subject to an oversight document.

"Site health and safety plan" means a plan designed to protect the health and safety of persons working on a contaminated site and required pursuant to the rules and regulations establishing the technical requirements for site remediation adopted pursuant to P.L.1993, c.139 (C.58:10B-1 et seq.).

(cf: P.L.2007, c.276, s.3)

101. Section 1 of P.L.2021, c.82 (C.58:12A-12.4) is amended to read as follows:

1. As used in P.L.2021, c.82 (C.58:12A-12.4 et seq.):

"Landlord" means the same as that term is defined in section 2 of P.L.1975, c.310 (C.46:8-44).

"Lead action level" means the standard for lead in drinking water established by the United States Environmental Protection Agency, or a more stringent standard adopted by the department pursuant to the "Safe Drinking Water Act," P.L.1977, c.224 (C.58:12A-1 et seq.).

"Local health agency" means the same as that term is defined in section **[**3 of P.L.1975, c.329 (C.26:3A2-3)**]** 1 of P.L.1947, c.177 (C.26:1A-1).

(cf: P.L.2021, c.82, s.1)

102. R.S.26:1-1 is repealed.

103. This act shall take effect immediately.