

26:2H-12.75 to 26:2H-12.78

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2013 **CHAPTER:** 267

NJSA: 26:2H-12.75 to 26:2H-12.78 (Provides for licensure of pediatric respite care facilities)

BILL NO: A3558 (Substituted for S2606)

SPONSOR(S) Benson and others

DATE INTRODUCED: December 6, 2012

COMMITTEE: **ASSEMBLY:** Regulated Professions

SENATE: Health, Human Services and Senior Citizens

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** June 24, 2013

SENATE: January 13, 2014

DATE OF APPROVAL: January 17, 2014

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Second reprint enacted) Yes

A3558

SPONSOR'S STATEMENT: (Begins on page 3 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: Yes Health Budget

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: Yes

LEGISLATIVE FISCAL ESTIMATE: Yes

S2606

SPONSOR'S STATEMENT: (Begins on page 3 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** No

SENATE: Yes Health Budget

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes

(continued)

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

"Christie's 'Pocket Veto' Kills Bill Requiring Health Workers to Get Flu Shots," NJSpotlight.com, 1-22-16.

LAW/KR

P.L.2013, CHAPTER 267, *approved January 17, 2014*
Assembly, No. 3558 (*Second Reprint*)

1 AN ACT providing for the ¹**[establishment]** licensure¹ of pediatric
2 respite care ¹**[programs]** facilities¹ and supplementing Title 26
3 of the Revised Statutes.
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 1. The Legislature finds and declares that:

9 a. Many children in the State with limited life expectancies or
10 complex, life-limiting illnesses receive care at pediatric medical day
11 care facilities, but the families of these children remain responsible
12 for the overall care of their children and become overwhelmed
13 because they lack the built-in breaks typically available to most
14 families;

15 b. Inadequate support services exist to provide respite for
16 families responsible 24 hours per day for children with limited life
17 expectancies or complex, life-limiting illnesses;

18 c. Community-based, comprehensive, family-centered pediatric
19 respite care facilities established in other states have been shown to
20 enhance the quality of life for children with limited life
21 expectancies or complex, life-limiting illnesses and for their
22 families by providing curative care when possible, pediatric
23 palliative care, respite care, hospice care, and bereavement services,
24 and by addressing their psychological, and spiritual needs; and

25 d. Similar pediatric respite care facilities should be authorized
26 to operate in this State, and in order to ensure that children and their
27 families receive the best possible support, it is appropriate that these
28 facilities be licensed by the Department of Health.
29

30 2. For purposes of this act, “pediatric respite care facility”
31 means a facility licensed by the Department of Health that provides
32 home-like care in a facility for two weeks or less of respite care, or
33 as necessary for end-of-life care or as medically necessary for
34 children up to age 21 with limited life expectancies or complex,
35 life-limiting illnesses and support for their families, and employs an
36 interdisciplinary team to assist in providing care curative treatment
37 when possible, palliative care, and supportive services to meet the

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly ARP committee amendments adopted May 6, 2013.

²Assembly floor amendments adopted June 20, 2013.

1 physical, emotional, spiritual, social, and economic needs of
2 children and their families during illness, as well as during dying
3 and bereavement if no cure is attained. ¹A “pediatric respite care
4 facility” shall ²**[not include]** also mean² a pediatric long- term care
5 facility licensed in accordance with N.J.A.C. 8:33H-1.5.¹
6

7 3. An entity may apply to the Commissioner of Health for a
8 license to establish a pediatric respite care facility in the State. In
9 addition to any other requirements set forth by the Commissioner of
10 Health, an applicant shall be required to provide the following:

11 a. criminal history record background checks of each staff
12 member and administrator of the facility;

13 b. payment of any reasonable fees for the issuance or renewal
14 of licenses as determined by the commissioner; and

15 c. documentation of compliance with standards and policies
16 established by the commissioner regarding:

17 (1) the core services to be provided;

18 (2) professional personnel requirements;

19 (3) standards of patient care; and

20 (4) administration of the facility.

21 ²The provisions of this section shall not apply to pediatric long-
22 term care facilities licensed in accordance with N.J.A.C.8:33H-1.5.²
23

24 4. The Commissioner of Health, in consultation with the
25 Commissioners of Human Services and Children and Families, shall
26 adopt such rules and regulations, in accordance with the
27 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
28 seq.), as the commissioner deems necessary to effectuate the
29 purposes of the act.
30

31 5. This act shall take effect on the first day of the seventh
32 month next following the date of enactment, but the commissioner
33 may take such anticipatory administrative action in advance thereof
34 as shall be necessary for the implementation of this act.
35
36
37

38
39 _____
Provides for licensure of pediatric respite care facilities.

ASSEMBLY, No. 3558

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED DECEMBER 6, 2012

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblyman UPENDRA J. CHIVUKULA

District 17 (Middlesex and Somerset)

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblyman TIMOTHY J. EUSTACE

District 38 (Bergen and Passaic)

Co-Sponsored by:

Assemblymen Singleton, Diegnan, Johnson, Coughlin, Ciattarelli,

Assemblywoman Simon, Assemblyman Moriarty and Assemblywoman

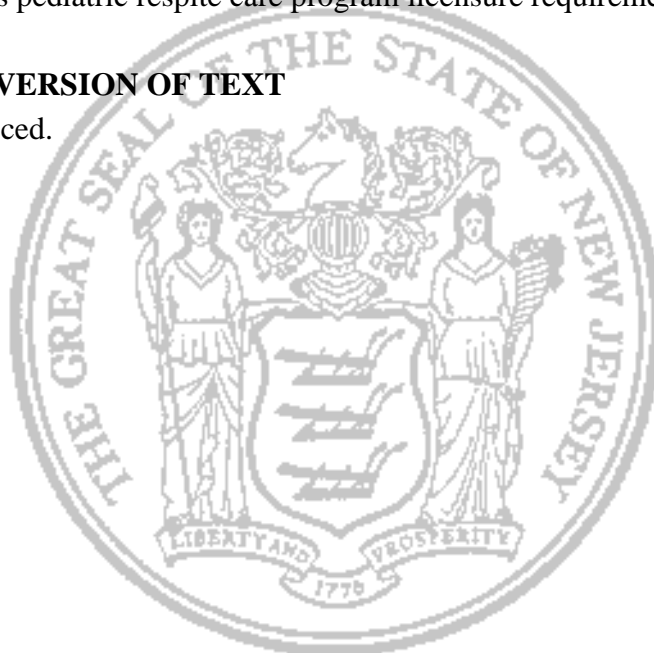
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SYNOPSIS

Establishes pediatric respite care program licensure requirements.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/7/2013)

1 AN ACT providing for the establishment of pediatric respite care
2 programs and supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. The Legislature finds and declares that:

8 a. Many children in the State with limited life expectancies or
9 complex, life-limiting illnesses receive care at pediatric medical day
10 care facilities, but the families of these children remain responsible
11 for the overall care of their children and become overwhelmed
12 because they lack the built-in breaks typically available to most
13 families;

14 b. Inadequate support services exist to provide respite for
15 families responsible 24 hours per day for children with limited life
16 expectancies or complex, life-limiting illnesses;

17 c. Community-based, comprehensive, family-centered pediatric
18 respite care facilities established in other states have been shown to
19 enhance the quality of life for children with limited life
20 expectancies or complex, life-limiting illnesses and for their
21 families by providing curative care when possible, pediatric
22 palliative care, respite care, hospice care, and bereavement services,
23 and by addressing their psychological, and spiritual needs; and

24 d. Similar pediatric respite care facilities should be authorized
25 to operate in this State, and in order to ensure that children and their
26 families receive the best possible support, it is appropriate that these
27 facilities be licensed by the Department of Health.

28

29 2. For purposes of this act, “pediatric respite care facility”
30 means a facility licensed by the Department of Health that provides
31 home-like care in a facility for two weeks or less of respite care, or
32 as necessary for end-of-life care or as medically necessary for
33 children up to age 21 with limited life expectancies or complex,
34 life-limiting illnesses and support for their families, and employs an
35 interdisciplinary team to assist in providing care curative treatment
36 when possible, palliative care, and supportive services to meet the
37 physical, emotional, spiritual, social, and economic needs of
38 children and their families during illness, as well as during dying
39 and bereavement if no cure is attained.

40

41 3. An entity may apply to the Commissioner of Health for a
42 license to establish a pediatric respite care facility in the State. In
43 addition to any other requirements set forth by the Commissioner of
44 Health, an applicant shall be required to provide the following:

45 a. criminal history record background checks of each staff
46 member and administrator of the facility;

47 b. payment of any reasonable fees for the issuance or renewal
48 of licenses as determined by the commissioner; and

1 c. documentation of compliance with standards and policies
2 established by the commissioner regarding:

- 3 (1) the core services to be provided;
4 (2) professional personnel requirements;
5 (3) standards of patient care; and
6 (4) administration of the facility.
7

8 4. The Commissioner of Health, in consultation with the
9 Commissioners of Human Services and Children and Families, shall
10 adopt such rules and regulations, in accordance with the
11 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
12 seq.), as the commissioner deems necessary to effectuate the
13 purposes of the act.
14

15 5. This act shall take effect on the first day of the seventh
16 month next following the date of enactment, but the commissioner
17 may take such anticipatory administrative action in advance thereof
18 as shall be necessary for the implementation of this act.
19

20
21 STATEMENT
22

23 This bill provides for the establishment of pediatric respite care
24 facilities in the State.

25 The purpose of the bill is to enable facilities to provide
26 comprehensive services that complement those of inpatient
27 hospitals to children under 21 years of age with limited life
28 expectancies or complex, life-limiting illnesses and support for their
29 families. Currently, families of such children are responsible for
30 the overall care of their children 24 hours per day and inadequate
31 support services exist in this State to provide respite for these
32 families. In other states, community-based, comprehensive, family-
33 centered pediatric respite care facilities have enhanced the quality
34 of life for children with limited life expectancies or complex, life-
35 limiting illnesses and their families by providing curative care when
36 possible, pediatric palliative care, respite care, hospice care, and
37 bereavement services, and by addressing their psychological and
38 spiritual needs.

39 The bill defines “pediatric respite care facility” to mean a facility
40 licensed by the Department of Health that provides home-like care
41 in a facility for two weeks or less of respite care, or as necessary for
42 end-of-life care or as medically necessary for children up to age 21
43 with limited life expectancies or complex, life-limiting illnesses and
44 support for their families, and employs an interdisciplinary team to
45 assist in providing curative treatment when possible, palliative care,
46 and supportive services to meet the physical, emotional, spiritual,
47 social, and economic needs of children and their families during

A3558 BENSON, CHIVUKULA

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1 illness, as well as during dying and bereavement if no cure is
2 attained.

3 The bill authorizes the Commissioner of Health to establish by
4 regulation the standards for operation of these facilities and the
5 requirements of applicants seeking licensure to operate them. The
6 requirements are to include, but are not limited to, criminal history
7 record background checks of each staff member and facility
8 administrator, reasonable fees for the issuance or renewal of
9 licenses, and standards and policies regarding the core services to
10 be provided, professional personnel requirements, standards of
11 patient care, and administration of the facility.

ASSEMBLY REGULATED PROFESSIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3558

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 6, 2013

The Assembly Regulated Professions Committee reports favorably and with committee amendments Assembly Bill No. 3558.

This bill, as amended, provides for the licensure of pediatric respite care facilities in this State.

The bill defines “pediatric respite care facility” to mean a facility licensed by the Department of Health that provides home-like care in a facility for two weeks or less of respite care, or as necessary for end-of-life care or as medically necessary for children up to age 21 with limited life expectancies or complex, life-limiting illnesses and support for their families, and employs an interdisciplinary team to assist in providing curative treatment when possible, palliative care, and supportive services to meet the physical, emotional, spiritual, social, and economic needs of children and their families during illness, as well as during dying and bereavement if no cure is attained.

The bill specifies that a pediatric long-term care facility licensed in accordance with N.J.A.C. 8:33H-1.5 is not required to be licensed under the provisions of this bill.

The bill authorizes the Commissioner of Health to establish by regulation the standards for operation of these facilities and the requirements of applicants seeking licensure to operate them. In addition to any other requirements set forth by the Commissioner of Health, an applicant shall be required to provide criminal history record background checks of each staff member and facility administrator, payment of reasonable fees for the issuance or renewal of licenses, and documentation of compliance with standards and policies established by the commissioner regarding: the core services to be provided; professional personnel requirements; standards of patient care; and administration of the facility.

COMMITTEE AMENDMENTS:

The committee amendments specify that a pediatric long-term care facility licensed in accordance with N.J.A.C. 8:33H-1.5 is not required to be licensed under the provisions of this bill. Also, amendments have been made to the title of the bill to clarify that the bill relates to

the establishment of standards for the licensure of pediatric respite care facilities.

STATEMENT TO
[First Reprint]
ASSEMBLY, No. 3558

with Assembly Floor Amendments
(Proposed by Assemblyman BENSON)

ADOPTED: JUNE 20, 2013

These amendments to A-3558 (1R) specify that a pediatric long-term care facility, which is licensed by the Commissioner of Health in accordance with N.J.A.C.8:33H-1.5, is a pediatric respite care facility.

Section 3 of this bill authorizes the Commissioner of Health to establish by regulation the standards for operation of pediatric respite care facilities and the requirements of applicants seeking licensure to operate them. The amendments stipulate that pediatric long-term care facilities licensed in accordance with N.J.A.C.8:33H-1.5 are exempted from the provisions of section 3 of this bill.

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

ASSEMBLY, No. 3558

**STATE OF NEW JERSEY
215th LEGISLATURE**

DATED: JUNE 27, 2013

SUMMARY

Synopsis: Provides for licensure of pediatric respite care facilities.

Type of Impact: An expenditure increase, offset by a revenue increase.

Agencies Affected: Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1-3</u>
State Cost	Indeterminate increase – See comments below
State Revenue	Indeterminate increase – See comments below

- The Department of Health would incur expenses related to the oversight and inspection of pediatric respite care facilities under the bill. The department would also generate revenue from license and inspection fees.

BILL DESCRIPTION

Assembly Bill No. 3558 (2R) of 2012 provides for the licensure of pediatric respite care facilities in this State. The bill defines “pediatric respite care facility” to mean a facility licensed by the Department of Health (DOH) that provides home-like care in a facility for two weeks or less of respite care, or as necessary for end-of-life care or as medically necessary for children up to age 21 with limited life expectancies or complex, life-limiting illnesses and support for their families, and employs an interdisciplinary team to assist in providing curative treatment when possible, palliative care, and supportive services to meet the physical, emotional, spiritual, social, and economic needs of children and their families during illness, as well as during dying and bereavement if no cure is attained.

A licensed pediatric long-term care facility would not be required to be licensed under the provisions of this bill.

The bill authorizes the Commissioner of Health to establish by regulation the standards for operation of these facilities and the requirements of applicants seeking licensure to operate them. In addition to any other requirements set forth by the Commissioner of Health, an applicant shall be required to provide criminal history record background checks of each staff member and facility administrator, payment of reasonable fees for the issuance or renewal of licenses, and documentation of compliance with standards and policies established by the commissioner regarding: the core services to be provided; professional personnel requirements; standards of patient care; and administration of the facility.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services finds that, under the bill, the Department of Health (DOH) would incur expenses related to the oversight and inspection of pediatric respite care facilities. The DOH would also generate revenue from license and inspection fees. The net State impact would depend upon: the requirements established by the Commissioner of Health for licensure of pediatric respite care facilities; the license and inspection fees charged by the DOH; and the number of facilities that apply for and receive licenses as pediatric respite care facilities. As these details would be determined after enactment of the bill, the Office of Legislative Services cannot estimate its fiscal impact at this time.

It may be useful to note that similar legislation recently enacted in Ohio requires that pediatric respite care programs be subject to the same requirements as hospice care programs. If the Commissioner of Health determines that a similar approach is appropriate in New Jersey, pediatric respite care facilities may be charged the same fees as hospices: a nonrefundable license application fee of \$2,000; a \$2,000 annual license renewal fee; additional \$150 license application and renewal fees for each branch office; and a \$1,000 biennial inspection fee.

The bill's requirement that facility administrators and staff members submit to criminal history record background checks would be expenditure neutral to the State. The cost of background checks administered by the Division of State Police in the Department of Law and Public Safety are offset by the fee imposed at the time of the transaction.

Section: Human Services

*Analyst: David Drescher
Associate Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

[Second Reprint]
ASSEMBLY, No. 3558

STATE OF NEW JERSEY

DATED: DECEMBER 5, 2013

The Senate Health, Human Services and Senior Services Committee reports favorably Assembly Bill No. 3558 (2R).

This bill provides for the licensure of pediatric respite care facilities in this State.

The bill defines “pediatric respite care facility” to mean a facility licensed by the Department of Health that provides home-like care in a facility for two weeks or less of respite care, or as necessary for end-of-life care or as medically necessary for children up to age 21 with limited life expectancies or complex, life-limiting illnesses and support for their families, and employs an interdisciplinary team to assist in providing curative treatment when possible, palliative care, and supportive services to meet the physical, emotional, spiritual, social, and economic needs of children and their families during illness, as well as during dying and bereavement if no cure is attained. The bill also defines “pediatric respite care facility” to include a pediatric long-term care facility that has been licensed by the Commissioner of Health in accordance with N.J.A.C.8:33H-1.5. However, the bill specifies that a pediatric long-term care facility licensed pursuant to N.J.A.C. 8:33H-1.5 is not required to be licensed under the bill’s provisions.

The bill authorizes the Commissioner of Health to establish by regulation the standards for operation of pediatric respite care facilities, and the requirements for applicants seeking licensure to operate these facilities. In addition to any other requirements set forth by regulation adopted by the Commissioner of Health, the bill provides that an applicant shall be required to provide criminal history record background checks for each staff member and facility administrator; pay reasonable fees for the issuance or renewal of licenses; and provide documentation of compliance with standards and policies established by the commissioner regarding: the core services to be provided; professional personnel requirements; standards of patient care; and administration of the facility. However, the bill exempts pediatric long-term care facilities, licensed pursuant to

N.J.A.C.8:33H-1.5, from compliance with these regulations and requirements.

As reported, this bill is identical to Senate Bill No. 2606 SCA (Codey), which the committee also reported favorably on this date.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[Second Reprint]
ASSEMBLY, No. 3558

STATE OF NEW JERSEY

DATED: DECEMBER 12, 2013

The Senate Budget and Appropriations Committee reports favorably Assembly Bill 3558 (2R).

The bill provides for the licensure of pediatric respite care facilities in this State. The bill defines “pediatric respite care facility” to mean a facility licensed by the DOH that provides home-like care in a facility for two weeks or less of respite care, or as necessary for end-of-life care or as medically necessary for children up to age 21 with limited life expectancies or complex, life-limiting illnesses and support for their families, and employs an interdisciplinary team to assist in providing curative treatment when possible, palliative care, and supportive services to meet the physical, emotional, spiritual, social, and economic needs of children and their families during illness, as well as during dying and bereavement if no cure is attained.

A licensed pediatric long-term care facility would be considered a pediatric respite care facility under the bill, but would not be subject to any of the bill’s requirements.

The bill authorizes the Commissioner of Health to establish by regulation the standards for operation of these facilities and the requirements of applicants seeking licensure to operate them. In addition to any other requirements set forth by the Commissioner of Health, an applicant shall be required to provide criminal history record background checks of each staff member and facility administrator, payment of reasonable fees for the issuance or renewal of licenses, and documentation of compliance with standards and policies established by the commissioner regarding: the core services to be provided; professional personnel requirements; standards of patient care; and administration of the facility.

As considered by the committee, this bill is identical to Senate Bill No. 2606 (1R), as also considered by the committee.

FISCAL IMPACT:

The Office of Legislative Services finds that, under the bill, the DOH would incur expenses related to the oversight and inspection of pediatric respite care facilities. The DOH would also generate revenue from license and inspection fees. The net State impact would depend

upon: the requirements established by the Commissioner of Health for licensure of pediatric respite care facilities; the license and inspection fees charged by the DOH; and the number of facilities that apply for and receive licenses as pediatric respite care facilities. As these details would be determined after enactment of the bill, the Office of Legislative Services cannot estimate its fiscal impact at this time.

It may be useful to note that similar legislation recently enacted in Ohio requires that pediatric respite care programs be subject to the same requirements as hospice care programs. If the Commissioner of Health determines that a similar approach is appropriate in New Jersey, pediatric respite care facilities may be charged the same fees as hospices: a nonrefundable license application fee of \$2,000; a \$2,000 annual license renewal fee; additional \$150 license application and renewal fees for each branch office; and a \$1,000 biennial inspection fee.

The bill's requirement that facility administrators and staff members submit to criminal history record background checks would be expenditure neutral to the State. The cost of background checks administered by the Division of State Police in the Department of Law and Public Safety are offset by the fee imposed at the time of the transaction.

SENATE, No. 2606

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED FEBRUARY 26, 2013

Sponsored by:

Senator RICHARD J. CODEY

District 27 (Essex and Morris)

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

Co-Sponsored by:

Senators Bateman, B.Smith, T.Kean and A.R.Bucco

SYNOPSIS

Establishes pediatric respite care program licensure requirements.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/6/2013)

1 AN ACT providing for the establishment of pediatric respite care
2 programs and supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. The Legislature finds and declares that:

8 a. Many children in the State with limited life expectancies or
9 complex, life-limiting illnesses receive care at pediatric medical day
10 care facilities, but the families of these children remain responsible
11 for the overall care of their children and become overwhelmed
12 because they lack the built-in breaks typically available to most
13 families;

14 b. Inadequate support services exist to provide respite for
15 families responsible 24 hours per day for children with limited life
16 expectancies or complex, life-limiting illnesses;

17 c. Community-based, comprehensive, family-centered pediatric
18 respite care facilities established in other states have been shown to
19 enhance the quality of life for children with limited life
20 expectancies or complex, life-limiting illnesses and for their
21 families by providing curative care when possible, pediatric
22 palliative care, respite care, hospice care, and bereavement services,
23 and by addressing their psychological, and spiritual needs; and

24 d. Similar pediatric respite care facilities should be authorized
25 to operate in this State, and in order to ensure that children and their
26 families receive the best possible support, it is appropriate that these
27 facilities be licensed by the Department of Health.

28

29 2. For purposes of this act, “pediatric respite care facility”
30 means a facility licensed by the Department of Health that provides
31 home-like care in a facility for two weeks or less of respite care, or
32 as necessary for end-of-life care or as medically necessary for
33 children up to age 21 with limited life expectancies or complex,
34 life-limiting illnesses and support for their families, and employs an
35 interdisciplinary team to assist in providing care curative treatment
36 when possible, palliative care, and supportive services to meet the
37 physical, emotional, spiritual, social, and economic needs of
38 children and their families during illness, as well as during dying
39 and bereavement if no cure is attained.

40

41 3. An entity may apply to the Commissioner of Health for a
42 license to establish a pediatric respite care facility in the State. In
43 addition to any other requirements set forth by the Commissioner of
44 Health, an applicant shall be required to provide the following:

45 a. criminal history record background checks of each staff
46 member and administrator of the facility;

47 b. payment of any reasonable fees for the issuance or renewal
48 of licenses as determined by the commissioner; and

- 1 c. documentation of compliance with standards and policies
2 established by the commissioner regarding:
3 (1) the core services to be provided;
4 (2) professional personnel requirements;
5 (3) standards of patient care; and
6 (4) administration of the facility.
7
- 8 4. The Commissioner of Health, in consultation with the
9 Commissioners of Human Services and Children and Families, shall
10 adopt such rules and regulations, in accordance with the
11 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
12 seq.), as the commissioner deems necessary to effectuate the
13 purposes of the act.
14
- 15 5. This act shall take effect on the first day of the seventh
16 month next following the date of enactment, but the commissioner
17 may take such anticipatory administrative action in advance thereof
18 as shall be necessary for the implementation of this act.
19
20

21 STATEMENT
22

23 This bill provides for the establishment of pediatric respite care
24 facilities in the State.

25 The purpose of the bill is to enable facilities to provide
26 comprehensive services that complement those of inpatient
27 hospitals to children under 21 years of age with limited life
28 expectancies or complex, life-limiting illnesses and support for their
29 families. Currently, families of such children are responsible for
30 the overall care of their children 24 hours per day and inadequate
31 support services exist in this State to provide respite for these
32 families. In other states, community-based, comprehensive, family-
33 centered pediatric respite care facilities have enhanced the quality
34 of life for children with limited life expectancies or complex, life-
35 limiting illnesses and their families by providing curative care when
36 possible, pediatric palliative care, respite care, hospice care, and
37 bereavement services, and by addressing their psychological and
38 spiritual needs.

39 The bill defines “pediatric respite care facility” to mean a facility
40 licensed by the Department of Health that provides home-like care
41 in a facility for two weeks or less of respite care, or as necessary for
42 end-of-life care or as medically necessary for children up to age 21
43 with limited life expectancies or complex, life-limiting illnesses and
44 support for their families, and employs an interdisciplinary team to
45 assist in providing curative treatment when possible, palliative care,
46 and supportive services to meet the physical, emotional, spiritual,
47 social, and economic needs of children and their families during

S2606 CODEY, MADDEN

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1 illness, as well as during dying and bereavement if no cure is
2 attained.

3 The bill authorizes the Commissioner of Health to establish by
4 regulation the standards for operation of these facilities and the
5 requirements of applicants seeking licensure to operate them. The
6 requirements are to include, but are not limited to, criminal history
7 record background checks of each staff member and facility
8 administrator, reasonable fees for the issuance or renewal of
9 licenses, and standards and policies regarding the core services to
10 be provided, professional personnel requirements, standards of
11 patient care, and administration of the facility.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2606

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 5, 2013

The Senate Health, Human Services and Senior Services Committee reports favorably and with amendments Senate Bill No. 2606.

As amended by the committee, this bill provides for the licensure of pediatric respite care facilities in this State.

The bill, as amended, defines “pediatric respite care facility” to mean a facility licensed by the Department of Health that provides home-like care in a facility for two weeks or less of respite care, or as necessary for end-of-life care or as medically necessary for children up to age 21 with limited life expectancies or complex, life-limiting illnesses and support for their families, and employs an interdisciplinary team to assist in providing curative treatment when possible, palliative care, and supportive services to meet the physical, emotional, spiritual, social, and economic needs of children and their families during illness, as well as during dying and bereavement if no cure is attained. The amended bill also defines “pediatric respite care facility” to include a pediatric long-term care facility that has been licensed by the Commissioner of Health in accordance with N.J.A.C.8:33H-1.5. However, the amended bill specifies that a pediatric long-term care facility licensed pursuant to N.J.A.C. 8:33H-1.5 is not required to be licensed under the bill’s provisions.

The bill, as amended, authorizes the Commissioner of Health to establish by regulation the standards for operation of pediatric respite care facilities, and the requirements for applicants seeking licensure to operate these facilities. In addition to any other requirements set forth by regulation adopted by the Commissioner of Health, the amended bill provides that an applicant shall be required to provide criminal history record background checks for each staff member and facility administrator; pay reasonable fees for the issuance or renewal of licenses; and provide documentation of compliance with standards and policies established by the commissioner regarding: the core services to be provided; professional personnel requirements; standards of patient care; and administration of the facility. As amended, however, the bill exempts pediatric long-term care facilities, licensed pursuant to

N.J.A.C.8:33H-1.5, from compliance with these regulations and requirements.

The committee amended the bill to:

(1) specify that a pediatric long-term care facility, licensed by the Commissioner of Health pursuant to N.J.A.C.8:33H-1.5, is a type of “pediatric respite care facility,” as defined by the bill;

(2) stipulate that a pediatric long-term care facility, licensed pursuant to N.J.A.C.8:33H-1.5, is not required to obtain an additional license under the bill’s provisions, and is exempt from compliance with any license application requirements or standards of facility operation that are imposed by the bill or by regulation adopted pursuant to the bill’s provisions; and

(3) change the title of the bill to clarify that it pertains to the licensure of pediatric respite care facilities.

As amended, this bill is identical to Assembly Bill No. 3558 (2R) (Benson/Chivukula/Lampitt/Eustace), which the committee also reported favorably on this date.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2606

STATE OF NEW JERSEY

DATED: DECEMBER 12, 2013

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2606 (1R).

The bill provides for the licensure of pediatric respite care facilities in this State. The bill defines “pediatric respite care facility” to mean a facility licensed by the DOH that provides home-like care in a facility for two weeks or less of respite care, or as necessary for end-of-life care or as medically necessary for children up to age 21 with limited life expectancies or complex, life-limiting illnesses and support for their families, and employs an interdisciplinary team to assist in providing curative treatment when possible, palliative care, and supportive services to meet the physical, emotional, spiritual, social, and economic needs of children and their families during illness, as well as during dying and bereavement if no cure is attained.

A licensed pediatric long-term care facility would be considered a pediatric respite care facility under the bill, but would not be subject to any of the bill’s requirements.

The bill authorizes the Commissioner of Health to establish by regulation the standards for operation of these facilities and the requirements of applicants seeking licensure to operate them. In addition to any other requirements set forth by the Commissioner of Health, an applicant shall be required to provide criminal history record background checks of each staff member and facility administrator, payment of reasonable fees for the issuance or renewal of licenses, and documentation of compliance with standards and policies established by the commissioner regarding: the core services to be provided; professional personnel requirements; standards of patient care; and administration of the facility.

As considered by the committee, this bill is identical to Assembly Bill Number 3558 (2R), as also considered by the committee.

FISCAL IMPACT:

The Office of Legislative Services finds that, under the bill, the DOH would incur expenses related to the oversight and inspection of pediatric respite care facilities. The DOH would also generate revenue from license and inspection fees. The net State impact would depend upon: the requirements established by the Commissioner of Health for

licensure of pediatric respite care facilities; the license and inspection fees charged by the DOH; and the number of facilities that apply for and receive licenses as pediatric respite care facilities. As these details would be determined after enactment of the bill, the Office of Legislative Services cannot estimate its fiscal impact at this time.

It may be useful to note that similar legislation recently enacted in Ohio requires that pediatric respite care programs be subject to the same requirements as hospice care programs. If the Commissioner of Health determines that a similar approach is appropriate in New Jersey, pediatric respite care facilities may be charged the same fees as hospices: a nonrefundable license application fee of \$2,000; a \$2,000 annual license renewal fee; additional \$150 license application and renewal fees for each branch office; and a \$1,000 biennial inspection fee.

The bill's requirement that facility administrators and staff members submit to criminal history record background checks would be expenditure neutral to the State. The cost of background checks administered by the Division of State Police in the Department of Law and Public Safety are offset by the fee imposed at the time of the transaction.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 2606 STATE OF NEW JERSEY 215th LEGISLATURE

DATED: DECEMBER 16, 2013

SUMMARY

Synopsis: Provides for licensure of pediatric respite care facilities.

Type of Impact: An expenditure increase, offset by a revenue increase.

Agencies Affected: Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1-3</u>
State Cost	Indeterminate increase – See comments below
State Revenue	Indeterminate increase – See comments below

- The Department of Health (DOH) would incur expenses related to the oversight and inspection of pediatric respite care facilities under the bill. The department would also generate revenue from license and inspection fees.

BILL DESCRIPTION

Senate Bill No. 2606 (1R) of 2013 provides for the licensure of pediatric respite care facilities in this State. The bill defines “pediatric respite care facility” to mean a facility licensed by the DOH that provides home-like care in a facility for two weeks or less of respite care, or as necessary for end-of-life care or as medically necessary for children up to age 21 with limited life expectancies or complex, life-limiting illnesses and support for their families, and employs an interdisciplinary team to assist in providing curative treatment when possible, palliative care, and supportive services to meet the physical, emotional, spiritual, social, and economic needs of children and their families during illness, as well as during dying and bereavement if no cure is attained.

A licensed pediatric long-term care facility would be considered a pediatric respite care facility under the bill, but would not be subject to any of the bill’s requirements.

The bill authorizes the Commissioner of Health to establish by regulation the standards for operation of these facilities and the requirements of applicants seeking licensure to operate them. In addition to any other requirements set forth by the Commissioner of Health, an applicant shall be required to provide criminal history record background checks of each staff member and facility administrator, payment of reasonable fees for the issuance or renewal of licenses, and documentation of compliance with standards and policies established by the commissioner regarding: the core services to be provided; professional personnel requirements; standards of patient care; and administration of the facility.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services finds that, under the bill, the DOH would incur expenses related to the oversight and inspection of pediatric respite care facilities. The DOH would also generate revenue from license and inspection fees. The net State impact would depend upon: the requirements established by the Commissioner of Health for licensure of pediatric respite care facilities; the license and inspection fees charged by the DOH; and the number of facilities that apply for and receive licenses as pediatric respite care facilities. As these details would be determined after enactment of the bill, the Office of Legislative Services cannot estimate its fiscal impact at this time.

It may be useful to note that similar legislation recently enacted in Ohio requires that pediatric respite care programs be subject to the same requirements as hospice care programs. If the Commissioner of Health determines that a similar approach is appropriate in New Jersey, pediatric respite care facilities may be charged the same fees as hospices: a nonrefundable license application fee of \$2,000; a \$2,000 annual license renewal fee; additional \$150 license application and renewal fees for each branch office; and a \$1,000 biennial inspection fee.

The bill's requirement that facility administrators and staff members submit to criminal history record background checks would be expenditure neutral to the State. The cost of background checks administered by the Division of State Police in the Department of Law and Public Safety are offset by the fee imposed at the time of the transaction.

Section: Human Services

Analyst: David Drescher
Associate Fiscal Analyst

Approved: David J. Rosen
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).