

45:1-74
LEGISLATIVE HISTORY CHECKLIST
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LAWS OF: 2021 **CHAPTER:** 389

NJSA: 45:1-74 (Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient's prior informed written consent.)

BILL NO: S1771 (Substituted for A1489 (1R))

SPONSOR(S) Madden, Fred H. and others

DATE INTRODUCED: 2/13/2020

COMMITTEE: **ASSEMBLY:** ---

SENATE: Health, Human Services & Senior Citizens

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** 1/10/2022

SENATE: 1/10/2022

DATE OF APPROVAL: 1/18/2022

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (First Reprint enacted) Yes

S1771

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): Yes

COMMITTEE STATEMENT: **ASSEMBLY:** No

SENATE: Yes

(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: No

LEGISLATIVE FISCAL ESTIMATE: No

A1489 (1R)

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: No

(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: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

RWH/JA

Title 45.
Subtitle 1.
Chapter 1.
Article 8. (New)
Patient
Examinations
§1
C.45:1-74

(CORRECTED COPY)

P.L. 2021, CHAPTER 389, *approved January 18, 2022*
Senate, No. 1771 (*First Reprint*)

1 **AN ACT** concerning the practice of medicine and supplementing Title
2 45 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. a. Except as provided in subsection b. of this section, no
8 individual licensed or certified to practice health care pursuant to
9 Title 45 of the Revised Statutes shall conduct an invasive
10 examination of any patient while the patient is under general
11 anesthesia or otherwise unconscious without the patient's informed
12 written consent to the invasive examination. ¹**[**If the patient is a
13 minor, unconscious, unresponsive, or otherwise lacks the capacity to
14 provide informed written consent to an invasive examination at the
15 time informed consent is sought, consent may be provided by any
16 individual authorized to make health care decisions on behalf of the
17 patient, provided that the health care practitioner shall make
18 reasonable efforts to obtain informed consent directly from the
19 patient whenever possible.**]**¹ If a health care practitioner authorized
20 to perform an invasive examination of a patient while the patient is
21 under general anesthesia or otherwise unconscious determines that
22 an additional invasive examination is required that is different in
23 nature from the invasive examination to which the patient ¹**[**or the
24 patient's authorized representative**]**¹ previously consented, the
25 health care practitioner shall obtain a separate informed written
26 consent prior to performing the additional invasive examination.

27 b. The requirements of subsection a. of this section shall not
28 apply in the case of emergency in which the patient is unconscious
29 or unresponsive and it reasonably appears that immediate medical
30 treatment is necessary to prevent severe or worsening injury to the
31 patient or to save the patient's life, in which case a health care
32 practitioner may render any appropriate emergency treatment
33 services as are necessary, including performing any invasive
34 examinations of the patient as shall be necessary to evaluate and

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:

¹Senate SHH committee amendments adopted May 6, 2021.

1 determine the appropriate course of emergency treatment for the
2 patient. ¹The health care practitioner shall notify the patient as soon
3 as practicable that an invasive examination has been performed.¹
4 Nothing in this subsection shall authorize the provision of emergency
5 treatment in any case in which the practitioner ¹【knows or has reason
6 to know the patient has】 is provided, prior to emergency treatment,
7 actual verification of an¹ executed ¹【a】¹ do not resuscitate order ¹【or
8 has otherwise proscriptively refused emergency treatment】¹ .
9 ¹Nothing in this subsection shall authorize the provision of
10 emergency treatment that conflicts with a patient's verified
11 Practitioner Orders for Life-Sustaining Treatment documentation.¹

12 c. In no case shall any invasive examination of a patient who is
13 under general anesthesia or otherwise unconscious be undertaken for
14 educational or training purposes unless the patient has provided
15 separate, informed consent, verbally and in writing, to the invasive
16 examination. When requesting separate informed consent to conduct
17 an invasive examination of a patient while the patient is under general
18 anesthesia or otherwise unconscious for educational or training
19 purposes, the health care practitioner requesting informed consent
20 shall advise the patient of the exact nature of the invasive
21 examination, of the estimated number of students and other
22 individuals who will be performing or participating in the invasive
23 examination, and that no medical care or treatment will be denied to
24 the patient if the patient withholds consent to an invasive
25 examination for educational or training purposes. In the event that
26 the invasive examination for educational or training purposes would
27 take place during, or in association with, a medical procedure, the
28 consent required pursuant to this subsection shall be obtained
29 independently of, and in addition to, any informed consent provided
30 by the patient to undergo the medical procedure; provided that
31 nothing in this subsection shall be deemed to prohibit a practitioner
32 from obtaining informed consent to both the medical procedure and
33 the invasive examination for educational or training purposes at the
34 same time, provided that it is clear to the patient that the consents are
35 being requested for distinct and independent purposes.

36 d. ¹A patient providing informed written consent for an invasive
37 examination shall provide the consent to the health care practitioner
38 using a form prescribed by the Commissioner of Health. In addition
39 to any other requirements set forth by the Commissioner of Health,
40 each form shall meet the following requirements:

41 (1) each form shall have a heading clearly stating the nature of
42 the examination;

43 (2) each form shall contain a full description of the nature,
44 purpose, and attendant risks associated with the proposed invasive
45 examination;

46 (3) each form shall indicate if the proposed invasive examination
47 will be used for educational or training purposes; and

1 (4) each form shall be separate from any other document, consent
2 form, notice, or agreement.

3 e. A health care practitioner who fails to obtain a patient's
4 informed written consent prior to conducting an invasive
5 examination of the patient while the patient is under general
6 anesthesia or otherwise unconscious, except in the instances provided
7 in subsection b. of this section, shall be subject to discipline for
8 professional misconduct pursuant to section 8 of P.L.1978, c.73
9 (C.45:1-21).

10 f.¹ As used in this section:

11 “Informed consent” means the affirmative authorization provided
12 by a patient ¹[or the patient's authorized representative]¹ to a health
13 care practitioner to perform an invasive examination of the patient,
14 which authorization shall not be valid unless the health care
15 practitioner first provides the patient ¹[or the patient's
16 representative]¹ with a full description of the nature and attendant
17 risks associated with the proposed invasive examination.

18 “Invasive examination” means any visual, tactile, or mechanical
19 inspection of the patient's reproductive organs, rectal cavity, or
20 breasts.

21

22 2. This act shall take effect immediately.

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27 Expressly prohibits invasive examination of unconscious patient
28 by health care practitioner without patient's prior informed written
29 consent.

CHAPTER 389

AN ACT concerning the practice of medicine and supplementing Title 45 of the Revised Statutes.

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

C.45:1-74 Restrictions on invasive examination; informed written consent.

1. a. Except as provided in subsection b. of this section, no individual licensed or certified to practice health care pursuant to Title 45 of the Revised Statutes shall conduct an invasive examination of any patient while the patient is under general anesthesia or otherwise unconscious without the patient's informed written consent to the invasive examination. If a health care practitioner authorized to perform an invasive examination of a patient while the patient is under general anesthesia or otherwise unconscious determines that an additional invasive examination is required that is different in nature from the invasive examination to which the patient previously consented, the health care practitioner shall obtain a separate informed written consent prior to performing the additional invasive examination.

b. The requirements of subsection a. of this section shall not apply in the case of emergency in which the patient is unconscious or unresponsive and it reasonably appears that immediate medical treatment is necessary to prevent severe or worsening injury to the patient or to save the patient's life, in which case a health care practitioner may render any appropriate emergency treatment services as are necessary, including performing any invasive examinations of the patient as shall be necessary to evaluate and determine the appropriate course of emergency treatment for the patient. The health care practitioner shall notify the patient as soon as practicable that an invasive examination has been performed. Nothing in this subsection shall authorize the provision of emergency treatment in any case in which the practitioner is provided, prior to emergency treatment, actual verification of an executed do not resuscitate order. Nothing in this subsection shall authorize the provision of emergency treatment that conflicts with a patient's verified Practitioner Orders for Life-Sustaining Treatment documentation.

c. In no case shall any invasive examination of a patient who is under general anesthesia or otherwise unconscious be undertaken for educational or training purposes unless the patient has provided separate, informed consent, verbally and in writing, to the invasive examination. When requesting separate informed consent to conduct an invasive examination of a patient while the patient is under general anesthesia or otherwise unconscious for educational or training purposes, the health care practitioner requesting informed consent shall advise the patient of the exact nature of the invasive examination, of the estimated number of students and other individuals who will be performing or participating in the invasive examination, and that no medical care or treatment will be denied to the patient if the patient withholds consent to an invasive examination for educational or training purposes. In the event that the invasive examination for educational or training purposes would take place during, or in association with, a medical procedure, the consent required pursuant to this subsection shall be obtained independently of, and in addition to, any informed consent provided by the patient to undergo the medical procedure; provided that nothing in this subsection shall be deemed to prohibit a practitioner from obtaining informed consent to both the medical procedure and the invasive examination for educational or training purposes at the same time, provided that it is clear to the patient that the consents are being requested for distinct and independent purposes.

d. A patient providing informed written consent for an invasive examination shall provide the consent to the health care practitioner using a form prescribed by the Commissioner of

Health. In addition to any other requirements set forth by the Commissioner of Health, each form shall meet the following requirements:

- (1) each form shall have a heading clearly stating the nature of the examination;
- (2) each form shall contain a full description of the nature, purpose, and attendant risks associated with the proposed invasive examination;
- (3) each form shall indicate if the proposed invasive examination will be used for educational or training purposes; and
- (4) each form shall be separate from any other document, consent form, notice, or agreement.

e. A health care practitioner who fails to obtain a patient's informed written consent prior to conducting an invasive examination of the patient while the patient is under general anesthesia or otherwise unconscious, except in the instances provided in subsection b. of this section, shall be subject to discipline for professional misconduct pursuant to section 8 of P.L.1978, c.73 (C.45:1-21).

f. As used in this section:

“Informed consent” means the affirmative authorization provided by a patient to a health care practitioner to perform an invasive examination of the patient, which authorization shall not be valid unless the health care practitioner first provides the patient with a full description of the nature and attendant risks associated with the proposed invasive examination.

“Invasive examination” means any visual, tactile, or mechanical inspection of the patient's reproductive organs, rectal cavity, or breasts.

2. This act shall take effect immediately.

Approved January 18, 2022.

SENATE, No. 1771

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED FEBRUARY 13, 2020

Sponsored by:

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

SYNOPSIS

Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient's prior informed written consent.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/6/2021)

1 AN ACT concerning the practice of medicine and supplementing
2 Title 45 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. a. Except as provided in subsection b. of this section, no
8 individual licensed or certified to practice health care pursuant to
9 Title 45 of the Revised Statutes shall conduct an invasive
10 examination of any patient while the patient is under general
11 anesthesia or otherwise unconscious without the patient's informed
12 written consent to the invasive examination. If the patient is a
13 minor, unconscious, unresponsive, or otherwise lacks the capacity
14 to provide informed written consent to an invasive examination at
15 the time informed consent is sought, consent may be provided by
16 any individual authorized to make health care decisions on behalf of
17 the patient, provided that the health care practitioner shall make
18 reasonable efforts to obtain informed consent directly from the
19 patient whenever possible. If a health care practitioner authorized
20 to perform an invasive examination of a patient while the patient is
21 under general anesthesia or otherwise unconscious determines that
22 an additional invasive examination is required that is different in
23 nature from the invasive examination to which the patient or the
24 patient's authorized representative previously consented, the health
25 care practitioner shall obtain a separate informed written consent
26 prior to performing the additional invasive examination.

27 b. The requirements of subsection a. of this section shall not
28 apply in the case of emergency in which the patient is unconscious
29 or unresponsive and it reasonably appears that immediate medical
30 treatment is necessary to prevent severe or worsening injury to the
31 patient or to save the patient's life, in which case a health care
32 practitioner may render any appropriate emergency treatment
33 services as are necessary, including performing any invasive
34 examinations of the patient as shall be necessary to evaluate and
35 determine the appropriate course of emergency treatment for the
36 patient. Nothing in this subsection shall authorize the provision of
37 emergency treatment in any case in which the practitioner knows or
38 has reason to know the patient has executed a do not resuscitate
39 order or has otherwise proscriptively refused emergency treatment.

40 c. In no case shall any invasive examination of a patient who is
41 under general anesthesia or otherwise unconscious be undertaken
42 for educational or training purposes unless the patient has provided
43 separate, informed consent, verbally and in writing, to the invasive
44 examination. When requesting separate informed consent to
45 conduct an invasive examination of a patient while the patient is
46 under general anesthesia or otherwise unconscious for educational
47 or training purposes, the health care practitioner requesting
48 informed consent shall advise the patient of the exact nature of the

1 invasive examination, of the estimated number of students and other
2 individuals who will be performing or participating in the invasive
3 examination, and that no medical care or treatment will be denied to
4 the patient if the patient withholds consent to an invasive
5 examination for educational or training purposes. In the event that
6 the invasive examination for educational or training purposes would
7 take place during, or in association with, a medical procedure, the
8 consent required pursuant to this subsection shall be obtained
9 independently of, and in addition to, any informed consent provided
10 by the patient to undergo the medical procedure; provided that
11 nothing in this subsection shall be deemed to prohibit a practitioner
12 from obtaining informed consent to both the medical procedure and
13 the invasive examination for educational or training purposes at the
14 same time, provided that it is clear to the patient that the consents
15 are being requested for distinct and independent purposes.

16 d. As used in this section:

17 “Informed consent” means the affirmative authorization provided
18 by a patient or the patient’s authorized representative to a health
19 care practitioner to perform an invasive examination of the patient,
20 which authorization shall not be valid unless the health care
21 practitioner first provides the patient or the patient’s representative
22 with a full description of the nature and attendant risks associated
23 with the proposed invasive examination.

24 “Invasive examination” means any visual, tactile, or mechanical
25 inspection of the patient’s reproductive organs, rectal cavity, or
26 breasts.

27
28 2. This act shall take effect immediately.
29
30

31 STATEMENT
32

33 This bill provides that health care practitioners may not perform
34 an invasive examination of a patient while the patient is under
35 general anesthesia or otherwise unconscious without the patient, or
36 the patient’s authorized representative, providing informed written
37 consent to the invasive examination. As used in the bill, “informed
38 consent” means an affirmative authorization to perform an invasive
39 examination, which authorization will not be valid unless the health
40 care practitioner first provides the patient or the patient’s
41 representative with a full description of the nature and attendant
42 risks associated with the proposed invasive examination. “Invasive
43 examination” includes any visual, tactile, or mechanical inspection
44 of the patient’s reproductive organs, rectal cavity, or breasts.
45 Informed consent may be provided verbally or in writing. Health
46 care practitioners will be required to make reasonable efforts to
47 obtain informed consent directly from the patient whenever
48 possible.

1 If a health care practitioner authorized to perform an invasive
2 examination while the patient is under general anesthesia or
3 otherwise unconscious determines that an additional invasive
4 examination is required that is different in nature from the invasive
5 examination to which the patient or the patient's authorized
6 representative previously consented, the health care practitioner will
7 be required to obtain a separate informed written consent prior to
8 performing the additional invasive examination.

9 These informed written consent requirements will not apply in
10 situations in which the patient is unconscious or unresponsive and it
11 reasonably appears that emergency treatment is needed to prevent
12 injury or death to the patient, in which case the emergency
13 treatment provided may include any invasive examinations as are
14 necessary to evaluate and determine the appropriate course of
15 emergency treatment for the patient. Nothing in this exception to
16 the requirements of the bill will authorize the provision of
17 emergency treatment in any case in which the practitioner knows or
18 has reason to know the patient has executed a do not resuscitate
19 order or has otherwise proscriptively refused emergency treatment.

20 The bill additionally requires health care practitioners to obtain
21 the patient's separate informed consent, both verbally and in
22 writing, before performing any invasive examination for
23 educational or training purposes that would take place while the
24 patient is under general anesthesia or otherwise unconscious. When
25 requesting separate informed consent to conduct an invasive
26 examination for educational or training purposes, the health care
27 practitioner requesting informed consent will be required to advise
28 the patient of the exact nature of the invasive examination, of the
29 estimated number of students and other individuals who will be
30 performing or participating in the invasive examination, and that no
31 medical care or treatment will be denied to the patient if the patient
32 withholds consent to an invasive examination for educational or
33 training purposes. The bill specifies that, if the invasive
34 examination for educational or training purposes would take place
35 during, or in association with, a medical procedure, the consent to
36 the invasive examination is to be obtained independently of any
37 other consent the patient provides for the medical procedure, and it
38 is to be made clear to the patient that the consents are being
39 requested for separate and independent purposes.

40 Currently, many medical students are taught how to conduct
41 pelvic examinations using the bodies of anesthetized, unconscious
42 women. Although surveys indicate that between 70 and 100 percent
43 of women expect their consent to be requested prior to a pelvic
44 examination for educational purposes, in the vast majority of cases,
45 women are not asked for, and have not provided, express consent to
46 their bodies being used for teaching purposes. At least five other
47 states, including California, Hawaii, Illinois, Oregon, and Virginia,
48 have adopted laws prohibiting the practice of conducting pelvic

1 examinations without obtaining separate consent. It is the sponsor's
2 intent that, in order to protect the rights and bodily autonomy of all
3 patients, and to ensure that trust remains a vital component of the
4 patient-practitioner relationship, no examination be performed on a
5 patient unless the patient has expressly provided informed consent
6 to the examination.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 1771

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 6, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 1771.

As amended, this bill provides that health care practitioners may not perform an invasive examination of a patient while the patient is under general anesthesia or otherwise unconscious without the patient providing informed written consent to the invasive examination. As used in the bill, “informed consent” means an affirmative authorization to perform an invasive examination, which authorization will not be valid unless the health care practitioner first provides the patient with a full description of the nature and attendant risks associated with the proposed invasive examination. “Invasive examination” includes any visual, tactile, or mechanical inspection of the patient’s reproductive organs, rectal cavity, or breasts.

If a health care practitioner authorized to perform an invasive examination while the patient is under general anesthesia or otherwise unconscious determines that an additional invasive examination is required that is different in nature from the invasive examination to which the patient previously consented, the health care practitioner will be required to obtain a separate informed written consent prior to performing the additional invasive examination.

These informed written consent requirements will not apply in situations in which the patient is unconscious or unresponsive and it reasonably appears that emergency treatment is needed to prevent injury or death to the patient, in which case the emergency treatment provided may include any invasive examinations as are necessary to evaluate and determine the appropriate course of emergency treatment for the patient. As amended, the bill requires that a health care practitioner will notify the patient as soon as practicable that an invasive examination has been performed. Nothing in this exception to the requirements of the bill will authorize the provision of emergency treatment in any case in which the practitioner is provided, prior to emergency treatment, actual verification of an executed do not resuscitate order. Nothing in this bill shall authorize the provision of

emergency treatment that conflicts with a patient's verified Physician Orders for Life-Sustaining Treatment documentation.

The bill additionally requires health care practitioners to obtain the patient's separate informed consent, both verbally and in writing, before performing any invasive examination for educational or training purposes that would take place while the patient is under general anesthesia or otherwise unconscious. When requesting separate informed consent to conduct an invasive examination for educational or training purposes, the health care practitioner requesting informed consent will be required to advise the patient of the exact nature of the invasive examination, of the estimated number of students and other individuals who will be performing or participating in the invasive examination, and that no medical care or treatment will be denied to the patient if the patient withholds consent to an invasive examination for educational or training purposes. The bill specifies that, if the invasive examination for educational or training purposes would take place during, or in association with, a medical procedure, the consent to the invasive examination is to be obtained independently of any other consent the patient provides for the medical procedure, and it is to be made clear to the patient that the consents are being requested for separate and independent purposes.

The bill requires that a patient providing informed written consent for an invasive examination provide the written consent to the health care practitioner using a form prescribed by the Commissioner of Health. In addition to any other requirements set forth by the Commissioner of Health, the bill requires each form to meet the following requirements: (1) each form will have a heading clearly stating the nature of the examination; (2) each form will contain a full description of the nature, purpose, and attendant risks associated with the proposed invasive examination; (3) each form will indicate if the proposed invasive examination will be used for educational or training purposes; and (4) each form will be separate from any other document, consent form, notice, or agreement.

The bill provides that a health care practitioner who fails to obtain a patient's informed written consent prior to conducting an invasive examination of the patient while the patient is under general anesthesia or otherwise unconscious, except in the instances where the bill provides an exception to the informed consent requirement, will be subject to discipline for professional misconduct pursuant to section 8 of P.L.1978, c.73 (C.45:1-21).

COMMITTEE AMENDMENTS:

The committee amendments require that informed written consent be directly obtained only from the patient before an invasive examination is performed. As introduced, the bill allowed a patient's authorized representative to provide consent for the patient.

In cases of emergency in which the patient is unconscious or unresponsive and the health care practitioner performs an invasive examination of the patient, the committee amendments require that the health care practitioner notify the patient as soon as practicable that an invasive examination has been performed.

The committee amendments add clarifying language that provides that nothing in the exception to the requirements of the bill will authorize the provision of emergency treatment in any case in which the practitioner is provided, prior to emergency treatment, actual verification of an executed do not resuscitate order. The committee amendments add clarifying language that provides that nothing in this bill authorizes the provision of emergency treatment that conflicts with a patient's verified Practitioner Orders for Life-Sustaining Treatment documentation.

The committee amendments require that a patient who provides informed written consent to a health care practitioner for an invasive examination provide the consent using a form prescribed by the Commissioner of Health, and establish certain requirements for the form.

The committee amendments provide that a health care practitioner who fails to obtain a patient's informed written consent prior to conducting an invasive examination of the patient while the patient is under general anesthesia or otherwise unconscious will be subject to discipline for professional misconduct.

ASSEMBLY, No. 1489

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman PAUL D. MORIARTY

District 4 (Camden and Gloucester)

Assemblywoman GABRIELA M. MOSQUERA

District 4 (Camden and Gloucester)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Co-Sponsored by:

**Assemblyman Calabrese, Assemblywoman Murphy and Assemblyman
Zwicker**

SYNOPSIS

Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient's prior informed written consent.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/8/2021)

1 AN ACT concerning the practice of medicine and supplementing
2 Title 45 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. a. Except as provided in subsection b. of this section, no
8 individual licensed or certified to practice health care pursuant to
9 Title 45 of the Revised Statutes shall conduct an invasive
10 examination of any patient while the patient is under general
11 anesthesia or otherwise unconscious without the patient's informed
12 written consent to the invasive examination. If the patient is a
13 minor, unconscious, unresponsive, or otherwise lacks the capacity
14 to provide informed written consent to an invasive examination at
15 the time informed consent is sought, consent may be provided by
16 any individual authorized to make health care decisions on behalf of
17 the patient, provided that the health care practitioner shall make
18 reasonable efforts to obtain informed consent directly from the
19 patient whenever possible. If a health care practitioner authorized
20 to perform an invasive examination of a patient while the patient is
21 under general anesthesia or otherwise unconscious determines that
22 an additional invasive examination is required that is different in
23 nature from the invasive examination to which the patient or the
24 patient's authorized representative previously consented, the health
25 care practitioner shall obtain a separate informed written consent
26 prior to performing the additional invasive examination.

27 b. The requirements of subsection a. of this section shall not
28 apply in the case of emergency in which the patient is unconscious
29 or unresponsive and it reasonably appears that immediate medical
30 treatment is necessary to prevent severe or worsening injury to the
31 patient or to save the patient's life, in which case a health care
32 practitioner may render any appropriate emergency treatment
33 services as are necessary, including performing any invasive
34 examinations of the patient as shall be necessary to evaluate and
35 determine the appropriate course of emergency treatment for the
36 patient. Nothing in this subsection shall authorize the provision of
37 emergency treatment in any case in which the practitioner knows or
38 has reason to know the patient has executed a do not resuscitate
39 order or has otherwise proscriptively refused emergency treatment.

40 c. In no case shall any invasive examination of a patient who is
41 under general anesthesia or otherwise unconscious be undertaken
42 for educational or training purposes unless the patient has provided
43 separate, informed consent, verbally and in writing, to the invasive
44 examination. When requesting separate informed consent to
45 conduct an invasive examination of a patient while the patient is
46 under general anesthesia or otherwise unconscious for educational
47 or training purposes, the health care practitioner requesting
48 informed consent shall advise the patient of the exact nature of the

1 invasive examination, of the estimated number of students and other
2 individuals who will be performing or participating in the invasive
3 examination, and that no medical care or treatment will be denied to
4 the patient if the patient withholds consent to an invasive
5 examination for educational or training purposes. In the event that
6 the invasive examination for educational or training purposes would
7 take place during, or in association with, a medical procedure, the
8 consent required pursuant to this subsection shall be obtained
9 independently of, and in addition to, any informed consent provided
10 by the patient to undergo the medical procedure; provided that
11 nothing in this subsection shall be deemed to prohibit a practitioner
12 from obtaining informed consent to both the medical procedure and
13 the invasive examination for educational or training purposes at the
14 same time, provided that it is clear to the patient that the consents
15 are being requested for distinct and independent purposes.

16 d. As used in this section:

17 “Informed consent” means the affirmative authorization provided
18 by a patient or the patient’s authorized representative to a health
19 care practitioner to perform an invasive examination of the patient,
20 which authorization shall not be valid unless the health care
21 practitioner first provides the patient or the patient’s representative
22 with a full description of the nature and attendant risks associated
23 with the proposed invasive examination.

24 “Invasive examination” means any visual, tactile, or mechanical
25 inspection of the patient’s reproductive organs, rectal cavity, or, in
26 the case of female patients, the patient’s breasts.

27

28 2. This act shall take effect immediately.

29

30

31

STATEMENT

32

33 This bill provides that health care practitioners may not perform
34 an invasive examination of a patient while the patient is under
35 general anesthesia or otherwise unconscious without the patient, or
36 the patient’s authorized representative, providing informed written
37 consent to the invasive examination. As used in the bill, “informed
38 consent” means an affirmative authorization to perform an invasive
39 examination, which authorization will not be valid unless the health
40 care practitioner first provides the patient or the patient’s
41 representative with a full description of the nature and attendant
42 risks associated with the proposed invasive examination. “Invasive
43 examination” includes any visual, tactile, or mechanical inspection
44 of the patient’s reproductive organs or rectal cavity, and, in the case
45 of female patients, any visual, tactile, or mechanical inspection of
46 the patient’s breasts. Informed consent may be provided verbally or
47 in writing. Health care practitioners will be required to make

1 reasonable efforts to obtain informed consent directly from the
2 patient whenever possible.

3 If a health care practitioner authorized to perform an invasive
4 examination while the patient is under general anesthesia or
5 otherwise unconscious determines that an additional invasive
6 examination is required that is different in nature from the invasive
7 examination to which the patient or the patient's authorized
8 representative previously consented, the health care practitioner will
9 be required to obtain a separate informed written consent prior to
10 performing the additional invasive examination.

11 These informed written consent requirements will not apply in
12 situations in which the patient is unconscious or unresponsive and it
13 reasonably appears that emergency treatment is needed to prevent
14 injury or death to the patient, in which case the emergency
15 treatment provided may include any invasive examinations as are
16 necessary to evaluate and determine the appropriate course of
17 emergency treatment for the patient. Nothing in this exception to
18 the requirements of the bill will authorize the provision of
19 emergency treatment in any case in which the practitioner knows or
20 has reason to know the patient has executed a do not resuscitate
21 order or has otherwise proscriptively refused emergency treatment.

22 The bill additionally requires health care practitioners to obtain
23 the patient's separate informed consent, both verbally and in
24 writing, before performing any invasive examination for
25 educational or training purposes that would take place while the
26 patient is under general anesthesia or otherwise unconscious. When
27 requesting separate informed consent to conduct an invasive
28 examination for educational or training purposes, the health care
29 practitioner requesting informed consent will be required to advise
30 the patient of the exact nature of the invasive examination, of the
31 estimated number of students and other individuals who will be
32 performing or participating in the invasive examination, and that no
33 medical care or treatment will be denied to the patient if the patient
34 withholds consent to an invasive examination for educational or
35 training purposes. The bill specifies that, if the invasive
36 examination for educational or training purposes would take place
37 during, or in association with, a medical procedure, the consent to
38 the invasive examination is to be obtained independently of any
39 other consent the patient provides for the medical procedure, and it
40 is to be made clear to the patient that the consents are being
41 requested for separate and independent purposes.

42 Currently, many medical students are taught how to conduct
43 pelvic examinations using the bodies of anesthetized, unconscious
44 women. Although surveys indicate that between 70 and 100 percent
45 of women expect their consent to be requested prior to a pelvic
46 examination for educational purposes, in the vast majority of cases,
47 women are not asked for, and have not provided, express consent to
48 their bodies being used for teaching purposes. At least five other

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1 states, including California, Hawaii, Illinois, Oregon, and Virginia,
2 have adopted laws prohibiting the practice of conducting pelvic
3 examinations without obtaining separate consent. It is the sponsor's
4 intent that, in order to protect the rights and bodily autonomy of all
5 patients, and to ensure that trust remains a vital component of the
6 patient-practitioner relationship, no examination be performed on a
7 patient unless the patient has expressly provided informed consent
8 to the examination.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1489

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 3, 2022

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 1489.

As amended, this bill provides that health care practitioners may not perform an invasive examination of a patient while the patient is under general anesthesia or otherwise unconscious without the patient providing informed written consent to the invasive examination. As used in the bill, “informed consent” means an affirmative authorization to perform an invasive examination, which authorization will not be valid unless the health care practitioner first provides the patient with a full description of the nature and attendant risks associated with the proposed invasive examination. “Invasive examination” includes any visual, tactile, or mechanical inspection of the patient’s reproductive organs, rectal cavity, or breasts.

If a health care practitioner authorized to perform an invasive examination while the patient is under general anesthesia or otherwise unconscious determines that an additional invasive examination is required that is different in nature from the invasive examination to which the patient previously consented, the health care practitioner will be required to obtain a separate informed written consent prior to performing the additional invasive examination.

These informed written consent requirements will not apply in situations in which the patient is unconscious or unresponsive and it reasonably appears that emergency treatment is needed to prevent injury or death to the patient, in which case the emergency treatment provided may include any invasive examinations as are necessary to evaluate and determine the appropriate course of emergency treatment for the patient. As amended, the bill requires that a health care practitioner will notify the patient as soon as practicable that an invasive examination has been performed. Nothing in this exception to the requirements of the bill will authorize the provision of emergency treatment in any case in which the practitioner is provided, prior to emergency treatment, actual verification of an executed do not resuscitate order. Nothing in this bill will authorize the provision of emergency treatment that

conflicts with a patient's verified Physician Orders for Life-Sustaining Treatment documentation.

The bill additionally requires health care practitioners to obtain the patient's separate informed consent, both verbally and in writing, before performing any invasive examination for educational or training purposes that would take place while the patient is under general anesthesia or otherwise unconscious. When requesting separate informed consent to conduct an invasive examination for educational or training purposes, the health care practitioner requesting informed consent will be required to advise the patient of the exact nature of the invasive examination, of the estimated number of students and other individuals who will be performing or participating in the invasive examination, and that no medical care or treatment will be denied to the patient if the patient withholds consent to an invasive examination for educational or training purposes. The bill specifies that, if the invasive examination for educational or training purposes would take place during, or in association with, a medical procedure, the consent to the invasive examination is to be obtained independently of any other consent the patient provides for the medical procedure, and it is to be made clear to the patient that the consents are being requested for separate and independent purposes.

The bill requires that a patient providing informed written consent for an invasive examination provide the written consent to the health care practitioner using a form prescribed by the Commissioner of Health. In addition to any other requirements set forth by the Commissioner of Health, the bill requires each form to meet the following requirements: (1) each form will have a heading clearly stating the nature of the examination; (2) each form will contain a full description of the nature, purpose, and attendant risks associated with the proposed invasive examination; (3) each form will indicate if the proposed invasive examination will be used for educational or training purposes; and (4) each form will be separate from any other document, consent form, notice, or agreement.

The bill provides that a health care practitioner who fails to obtain a patient's informed written consent prior to conducting an invasive examination of the patient while the patient is under general anesthesia or otherwise unconscious, except in the instances where the bill provides an exception to the informed consent requirement, will be subject to discipline for professional misconduct pursuant to section 8 of P.L.1978, c.73 (C.45:1-21).

This bill was pre-filed for introduction in the 2020-2021 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amendments:

1) require that informed written consent be directly obtained only from the patient before an invasive examination is performed. As introduced, the bill permitted a patient's authorized representative to provide consent for the patient;

2) require that the health care practitioner notify the patient as soon as practicable that an invasive examination has been performed in cases of emergency in which the patient is unconscious or unresponsive and the health care practitioner performs an invasive examination of the patient;

3) add clarifying language that provides that nothing in the exception to the requirements of the bill will authorize the provision of emergency treatment in any case in which the practitioner is provided, prior to emergency treatment, actual verification of an executed do not resuscitate order;

4) add clarifying language that provides that nothing in this bill authorizes the provision of emergency treatment that conflicts with a patient's verified Practitioner Orders for Life-Sustaining Treatment documentation;

5) require that a patient who provides informed written consent to a health care practitioner for an invasive examination provide the consent using a form prescribed by the Commissioner of Health, and establish certain requirements for the form; and

6) provide that a health care practitioner who fails to obtain a patient's informed written consent prior to conducting an invasive examination of the patient while the patient is under general anesthesia or otherwise unconscious will be subject to discipline for professional misconduct.

Governor Murphy Takes Action on Legislation

01/18/2022

TRENTON – Governor Murphy today signed the following bills:

S-384/A-1964 (Weinberg, Singleton/Stanley, Munoz, McKeon, Sumter, Lampitt, Vainieri Huttle, Wimberly, Mosquera, Downey, Chiaravalloti) – Expands training for judges, law enforcement officers and assistant county prosecutors concerning handling of domestic violence cases

S-386/A-1763 (Weinberg, Singleton/Munoz, Vainieri Huttle, Downey, Mosquera, Lampitt, Benson) - Establishes mandatory domestic violence training for municipal prosecutors

S-396/A-4903 (Weinberg, Addiego/Johnson, Mukherji) – Adjusts statute of limitations on damage claim for construction defect in common interest communities

S-705/A-1077 (Ruiz, Cunningham/Speight, Vainieri Huttle, Downey) – Requires DOH to develop and implement plan to improve access to perinatal mood and anxiety disorder screening

SCS for S-844 and 2533/ACS for A-4635 (Pou, Greenstein/Zwicker, Lopez) – Revises reporting requirements for charitable organizations and non-profit corporations

S-867/A-2316 (Pou/Jimenez, Giblin, Johnson) – Permits physical therapists to perform dry needling under certain circumstances

S-896/A-2396 (Pou, Turner/Wimberly, Timberlake, Murphy) – Expands Office of Public Defender representation of juveniles; repeals section 4 of P.L.1968, c.371

S-969WGR/ACS for A-2687 (Ruiz, Turner/Mazzeo, Lampitt, Moen) – Establishes loan redemption program for certain teachers to redeem loan amounts received under New Jersey College Loans to Assist State Students Loan Program through employment in certain schools; makes annual appropriation of \$1 million

S-994/A-6248 (Sweeney, Singleton/Lopez) – Requires State agencies and political subdivisions to make good faith effort to purchase five percent of goods and services from Central Nonprofit Agency

SCS for S-1016/ACS for A-2070 (Smith, Bateman/Calabrese, Mukherji, Benson) – Restricts use of neonicotinoid pesticides

S-1020/AS for ACS for A-1184 and 4414 (Ruiz, Gopal/Zwicker, Conaway, Verrelli, Caputo) – Requires School Report Card to include demographic breakdown of students who receive disciplinary actions; requires Commissioner of Education to establish Statewide database concerning certain disciplinary actions

S-1559/A-1659 (Scutari, Diegnan/Quijano, Bramnick, Mukherji, Sumter, Downey, Dancer) – “New Jersey Insurance Fair Conduct Act”

S-1771/A-1489 (Madden, Turner/Moriarty, Mosquera, Vainieri Huttle) – Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient’s prior informed written consent

S-2160wGR/A-5701 (Sweeney, Oroho, Singer/Carter, Lampitt, Jasey) – Creates special education unit within the Office of Administrative Law; requires annual report

SCS for S-2515/ACS for A-4676 (Smith, Greenstein/Quijano, Jasey, McKeon) – Establishes postconsumer recycled content requirements for rigid plastic containers, glass containers, paper and plastic carryout bags, and plastic trash bags; prohibits sale of polystyrene loose fill packaging

S-2723/A-2614 (Sweeney, Turner/Murphy, Benson, Timberlake) – “21st Century Integrated Digital Experience Act”

S-2830/A-5291 (Ruiz, Singleton/Quijano) – Requires educator preparation program to report passing rates of students who complete certain tests and to disseminate information on test fee waiver programs, and permits collection of student fee for certain testing costs

S-2835/A-5292 (Ruiz, Cunningham/Quijano, Lampitt, Jasey) – Requires compilation of data and issuance of annual reports on New Jersey teacher workforce

S-2921/A-5554 (Gopal, Greenstein/Houghtaling, Downey, Mukherji) – Allows municipalities to designate outdoor areas upon which people may consume alcoholic beverages

S-3009/A-4847 (Vitale, Gopal, Gill/Vainieri Huttle, Quijano, Verrelli) – Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously

S-3081/A-5219 (Singleton/McKeon, Dunn) – Repeals law concerning excess rates and charges for title insurance; makes agreement to use services of title or settlement service company subject to attorney review

S-3164/A-4987 (Gopal, Singleton/Houghtaling, Vainieri Huttle, Giblin) – Creates NJ Legislative Youth Council

S-3265/A-5074 (Diegnan, Greenstein/DeAngelo, Dancer, Mukherji) – Permits members of SPRS to purchase service credit for prior public employment with federal government or another state

S-3342/A-5463 (Codey, Singleton/Jasey, Giblin, Timberlake) – Directs NJT to erect statue in honor of A. Philip Randolph; appropriates \$90,000

S-3465/A-4336 (Oroho, Sweeney/Houghtaling, Space) – Directs Department of Agriculture to pay annual premiums to enrolled dairy farmers for certain coverage under the federal Dairy Margin Coverage Program; appropriates \$125,000

S-3488wGR/A-5537 (Sweeney, Gopal, O'Scanlon/Burzichelli, Dancer, Spearman) – Modifies certain procedures pertaining to school district regionalization; establishes grant program for cost reimbursement of conducting regionalization feasibility studies; and provides financial incentives for regionalization

S-3493/A-5458 (Vitale, Gill/Vainieri Huttle, Mukherji, McKnight) – Permits expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repeals criminal offense of possession of syringe

S-3539/A5409 (T. Kean, Gopal/Houghtaling) – Directs DEP to establish grant program for local governments to support development of community gardens

S-3594/A-5509 (Singleton, Scutari/Zwicker, Reynolds-Jackson, Verrelli) – Provides that in personal

injury or wrongful death lawsuits, calculations of lost or impaired earnings capacity not be reduced because of race, ethnicity, gender identity or expression, or affectional or sexual orientation

S-3672/A-6009 (Singleton, Turner, Moen, Johnson, McKnight) – Permits exemption from civil service examination requirement for entry-level law enforcement officers, sheriff's officers, and State and county correctional police officers; permits hiring or appointment of such officers under certain conditions, and makes appropriation

S-3673/A-6219 (Gopal, Greenstein/Burzichelli) – Authorizes limited breweries and craft distilleries to sell at retail and offer for sampling purposes product bottled and stored off-site under certain circumstances

S-3685/A-5576 (Ruiz, Codey/Jasey, Lampitt, Mukherji) – Permits teacher and professional staff member who provides special services retired from TPAF to return to employment for up to two years without reenrollment in TPAF if employment commences during 2021-2022 and 2022-2023 school years

S-3707/A-5673 (Vitale, Ruiz/Vainieri Huttle, Downey, Zwicker) – Repeals statute criminalizing sexual penetration while infected with venereal disease or HIV under certain circumstances; requires that in prosecutions for endangering another by creating substantial risk of transmitting infectious disease, name of defendant and other person be kept confidential

S-3764/A-3369 (Gopal, Weinberg/Johnson, Stanley, Karabinchak) – Establishes Commission on Asian American Heritage in DOE

S-3810/ACS for A-5862 (Sweeney, Addiego, Greenstein/Benson, Quijano) – “Responsible Collective Negotiations Act”

S-3968/A-5930 (Singleton, Beach/Sumter, Karabinchak) – Increases purchasing threshold permitting Director of Division of Purchase and Property to delegate authority to agencies; increases bid advertising threshold on certain contracts by same scale

S-3975/A-5963 (Greenstein, Oroho/Benson, Vainieri Huttle, DeAngelo) – Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign

S-4004wGR/A-5950 (Weinberg, Greenstein/Sumter, Benson, Reynolds-Jackson) – Establishes database of certain appointed positions and elected offices

S-4020/A-5867 (Gopal, Cunningham/Chiaravalloti, Jasey, Carter) – Expands bonding authority of New Jersey Educational Facilities Authority to permit financing for general funding needs at New Jersey's institutions of higher education

S-4021/A-6100 (Gopal, Ruiz/Mukherji, Jasey, Timberlake, Stanley) – Requires school districts to provide instruction on history and contributions of Asian Americans and Pacific Islanders as part of implementation of New Jersey Student Learning Standards in Social Studies

S-4043/A-6005 (Cunningham/Jasey, Greenwald) – Raises statutory threshold for certain public bidding, permits bidder disqualification due to prior negative experience, adds exemptions to public bidding requirement under "State College Contracts Law," and establishes process for cooperative pricing system

S-4063/A-6220 (Sweeney/Giblin, Egan) – Removes New Jersey Maritime Pilot and Docking Pilot Commission from appropriations act provision that limits compensation and health benefits; clarifies PERS and SHBP eligibility for members of commission

S-4068/ACS for A-6110 and 6185 (Sarlo, Oroho/Benson, Mukherji, Bramnick) – Revises elective pass-through entity business alternative income tax

S-4074wGR/A-6000 (Ruiz, Beach/Verrelli, Lampitt, Carter) – Allows alternative evaluation in place of basic skills testing requirements for certain teacher certification

SCS for S-4102/A-6230 (Sweeney, Ruiz/Benson, Mejia, Zwicker) – Establishes Direct Support Professional Career Development Program; appropriates \$1,000,000

S-4128/A-6231 (Sweeney, Pou/Houghtaling, Conaway, Dancer) – Requires that only fruits and vegetables grown and packaged in NJ may be labeled by food retailers as local to State

S-4207/A-6119 (Sweeney, Beach/Mukherji, Egan, Pintor Marin) – Concerns apprenticeship programs of public works contractors

S-4210/A-6062 (Sweeney, Greenstein/Greenwald, McKnight, Mukherji) – Requires EDA to establish loan program to assist certain businesses with funding to provide reasonable accommodations for employees with disabilities

S-4211/A-6228 (Sweeney, Corrado/Benson, Speight, Zwicker) – Establishes county college-based adult centers for transition for individuals with developmental disabilities; makes annual appropriation of \$4.5 million

S-4218/A-6256 (Scutari/Reynolds-Jackson, Wimberly, Mukherji) – Appropriates \$2 million to CRDA to support costs associated with hosting NAACP National Convention in Atlantic City

S-4233/A-6229 (Scutari, Gopal/Mukherji, Jimenez) – Limits fees charged to patients and authorized third parties for copies of medical and billing records

S-4252/A-6182 (Madden/Murphy, Chaparro) – Limits extension of mandatory retirement to 90 days from State Police Retirement System during emergencies

A-259/S-2224 (DeAngelo, Mukherji, Benson/Gopal, Pennacchio) – Provides civil service preference to military service members who did not serve in theater of operation but received campaign or expedition medal

A-798/S-52 (Verrelli, Vainieri Huttel, Armato/Singer, Greenstein) – Establishes local drug overdose fatality review teams

A-802/S-1352 (Verrelli, Reynolds-Jackson, Murphy/Turner, Pou) – Requires certain retailers to train employees on gift card fraud

A-862wGR/S-962 (Chiaravalloti, Karabinchak/Pennacchio, Pou) – Permits municipalities to refund excess property taxes paid by a taxpayer who wins an assessment appeal as a property tax credit

A-953/S-4031 (Karabinchak, Houghtaling/Pou) – Requires architects disclose insurance coverage

ACS for A-998 and 2349/S-4312 (Moen, Downey, Houghtaling, Benson, Vainieri Huttel/Ruiz, Beach, Singleton) – The “New Jersey Social Innovation Act”; establishes social innovation loan pilot program and study commission within EDA

A-1121/S-1871 (Murphy, Dancer, Stanley/Lagana, Pennacchio) – Upgrades certain crimes of misrepresenting oneself as member or veteran of US Armed Forces or organized militia

A-1219wGR/S-1054 (Chaparro, McKnight/Stack) – Requires owner notification of rabies testing protocol prior to testing of owner’s animal for rabies

A-1229wGR/S-2161 (Schaer, Mosquera, Tucker, Lampitt, Vainieri Huttle, Quijano, Wimberly, Pintor Marin, Jasey/Turner, Singleton) – Requires DCA to make information on homeless prevention programs and services available on its Internet website

A-1293/S-3977 (Greenwald, Burzichelli, Mukherji/Greenstein, Gopal) – Establishes advisory council for the brewery, cidery, meadery, and distillery industries in NJ and provides for funding through certain alcoholic beverage tax receipts

A-1663/S-1842 (Quijano, Vainieri Huttle, Karabinchak/Cryan, Scutari) – Establishes “New Jersey Nonprofit Security Grant Program”

A-2186/S-1599 (Mukherji, Chaparro, McKnight/Codey, Pou) – Establishes Statewide database of beds in shelters for the homeless

A-2360/S-3285 (Chaparro, Karabinchak, Johnson/Greenstein, Stack) – Requires electric public utility to charge residential rate for service used by residential customer for electric vehicle charging at charging stations within certain designated parking spaces

A-2685wGR/S-4209 (Armato, Mazzeo, Mukherji/Stack) – Concerns information on property condition disclosure statement

A-2772/S-1040 (Downey, Houghtaling, Benson/Gopal) – Authorizes certain Medicaid recipients residing on post-secondary school campus to participate remotely in meetings of non-medical nature regarding Medicaid benefits

A-2877/S-1149 (Dancer, Vainieri Huttle, Reynolds-Jackson/Ruiz) – Requires registration of certain vacant and abandoned properties with municipalities and provides enforcement tools related to maintenance of these properties

A-3007/S-3127 (Lampitt, Dunn, Benson/Lagana, Gopal) – Requires institutions of higher education to provide students with access to mental health care programs and services and to establish a hotline to provide information concerning the availability of those services

A-3392/S-1219 (Reynolds-Jackson, Timberlake, Jasey/Turner, Beach) – Requires student representative be appointed to each board of education of school district and board of trustees of charter school that includes grades nine through 12

A-3804/S-1590 (Armato, Murphy, S. Kean/Beach, A.M. Bucco) – Designates 9-1-1 operators or dispatchers as 9-1-1 first responder dispatchers

A-3870/S-2807 (Karabinchak, Johnson, Mukherji/Greenstein, Pou) – “Defense Against Porch Pirates Act”; amends theft statute

A-3950wGR/S-3180 (Verrelli, Benson, Zwicker/Greenstein, Turner) – Prohibits employer use of tracking device in vehicle operated by employee under certain circumstances

A-4002wGR/S-2257 (Caputo, Dancer, Murphy/Gopal, Sarlo) – Allows deduction of promotional gaming credit from gross revenue on sports wagering

A-4232/S-4231 (Houghtaling, Dancer, Wirths/Oroho, Smith) – Creates program in Department of Agriculture for deer fencing on certain farmland

A-4238/S-2561 (Chiaravalloti, Schaer, Benson/Gopal, Singer) – Establishes minimum Medicaid reimbursement rate for adult medical day care services

A-4241/S-2894 (Downey, Vainieri Huttle, Murphy/Pou) – Requires DHS to conduct biennial survey of SNAP experience

ACS for A-4253/S-3233 (Conaway, Pinkin, Jimenez/Cryan) – Requires certain electronic medical programs to include demographic data entry feature; requires laboratories to record certain patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program

A-4366/S-2801 (Taliaferro, Sumter, Mukherji/Pou, Greenstein) – Requires Police Training Commission to contract with crisis intervention training center to provide mental health training to police officers and establish curriculum specific to persons experiencing economic crisis or substance use disorder

A-4434wGR/S-2716 (Greenwald, Lampitt, Mukherji/Beach, Ruiz) – Establishes Student Wellness Grant Program in DOE

A-4478/S2759 (Vainieri Huttle, Speight, Schepisi, DeCroce/Vitale, Madden) – Establishes additional requirements for DOH to assess sanctions and impose penalties on nursing homes; revises reporting requirements for nursing homes

A-4569/S-3535 (Reynolds-Jackson, Benson, Karabinchak/Turner) – Requires BPU, electric power suppliers, and gas suppliers to publish certain information related to filing of customer complaints

ACS for A-4655/S-3595 (Reynolds-Jackson, Wimberly, Carter/Turner) – Limits police presence at polling places and ballot drop boxes; prohibits electioneering within 100 feet of ballot drop box

A-4771/S-2951 (Downey, Armato, Mukherji/Gopal, Singleton) – Expands offenses eligible for expungement upon successful discharge from drug court

A-4856/S-3094 (Lampitt, Benson, Caputo/Ruiz, Beach) – Requires Internet websites and web services of school districts, charter schools, renaissance schools, and the Marie H. Katzenbach School for the Deaf to be accessible to persons with disabilities

A-5033wGR/S-3279 (Benson, Dancer, Verrelli/Gopal) – Authorizes motor vehicle dealers to sell motor vehicles online and obtain electronic signatures for motor vehicle transactions

ACS for A-5075wGR/S-4001 (Burzichelli, Dancer, Johnson/Sweeney, A.M. Bucco) – Removes Fire Museum and Fallen Firefighters Memorial from auspices of DEP and establishes museum as independent organization; makes \$200,000 supplemental appropriation

A-5160/S-3324 (DeAngelo, Conaway, Zwicker/Smith, Bateman) – Establishes minimum energy and water efficiency standards for certain products sold, offered for sale, or leased in the State

A-5294/S-3418 (Speight, Vainieri Huttle, Verrelli/Gopal, Madden) – Provides fast track hiring and advancement employment opportunities by State for persons with significant disabilities

A-5296/S-3426 (Speight, Vainieri Huttle, McKnight/T. Kean, Schepisi) – Provides for employment by State of certain persons with disabilities

A-5322/S-3433 (Mosquera, Vainieri Huttle, DePhillips/Cruz-Perez, T. Kean) – Provides for process to vacate and expunge certain arrests, charges, complaints, convictions, other dispositions, and DNA

records, associated with violations by certain human trafficking victims

A-5336wGR/S-3441 (Benson, Freiman, Vainieri Huttie/Diegnan, Madden) – Requires DHS to establish payment programs for purchase of transportation services from private sector and government transportation service providers

A-5439/S-3760 (Caputo, Dancer, Murphy/Gopal, Beach) – Changes deadline for New Jersey Racing Commission's annual report from end of calendar year to end of State fiscal year

A-5694/S-3783 (Houghtaling, Downey, Dancer/Gopal, Madden) – Permits dependents of military member to enroll in school district in advance of military member's relocation to district

A-5814/S-3851 (Swain, Tully, Benson/Lagana, Diegnan) – Creates Office of School Bus Safety in Department of Education; appropriates \$200,000

A-5864wGR/S-3939 (Speight, Pintor Marin, Chaparro, McKnight, DeAngelo, Bergen/Gopal, Cryan) – Allows law enforcement officers to review body worn camera recordings prior to creating initial report

A-5997/S-4084 (Coughlin, Lopez/Sweeney, O'Scanlon) – Removes requirement for Legislature, DOE, free public libraries, and historical societies to purchase "Manual of the Legislature of New Jersey"

A-6012/S-4076 (Moen, Murphy, Freiman/Sarlo, Gopal) – Appropriates \$500,000 for USS New Jersey Commissioning Committee to support commissioning of boat and assigned personnel

A-6020/S-4114 (Conaway, Jimenez, Vainieri Huttie/Codey) – Establishes requirements for certain tobacco product retailers to stock and sell nicotine replacement therapy products

A-6060/S-4272 (Tucker, Caputo, Mukherji/Cunningham) – Makes supplemental appropriation of \$8 million to DHS to increase reimbursement for funeral, burial, and crematory services provided to certain beneficiaries of Work First New Jersey and Supplemental Security Income programs

A-6073/S-4140 (Verrelli/Vitale) – Temporarily waives certain basic life support services crewmember requirements

A-6093/S-4201 (Stanley, Benson, Timberlake/Greenstein, Gopal) – Mandates periodic cancer screening examinations for firefighters enrolled in SHBP

A-6108wGR/S-4247 (DeAngelo, Egan, Houghtaling/Madden) – Updates licenses offered by and certain licensure requirements from Board of Examiners of Electrical Contractors

A-6132/S-4235 (Schaer, Greenwald, Conaway/Singer, Gopal) – Permits volunteer paramedics to operate within mobile intensive care units

A-6133/S-4251 (Bramnick, Mukherji, Downey/Scutari) – Allows certain persons not yet appointed as administrator of estate to pursue lawsuit for damages for wrongful death on behalf of deceased's survivors

A-6150/S-4119 (DeAngelo, Karabinchak, Wirths/Oroho, Pou) – Revises penalties for transfer of certain professional and occupational licenses

A-6159/S-4236 (Coughlin, McKnight/Vitale, Ruiz) – Revises and renames Office of Food Insecurity Advocate

A-6162/S-4246 (Benson, Stanley/Gopal) – Requires certain motor vehicle dealers to maintain certain

requirements for business premises

A-6205/S-4270 (Coughlin, McKeon/Pou) – Amends certain requirements concerning insurance holding companies

A-6206wGR/S-4260 (Wimberly/Diegnan, Oroho) – Codifies right of real estate broker-salespersons and salespersons to define relationship with broker as one between broker and independent contractor or employee and enforces current and previous written agreements addressing relationship

A-6207/S-4222 (Greenwald, Lampitt, Benson/Sweeney) – Eliminates requirement for DOE to set certain tuition rates for approved private schools for students with disabilities in certain cases

A-6208/S-4151 (Mosquera, DeAngelo, Armato/Greenstein, Cruz-Perez) – Appropriates \$60,940,361 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for farmland preservation purposes

A-6209/S-4154 (Freiman, Spearman, Egan/Turner, Oroho) – Appropriates \$18 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for county planning incentive grants for farmland preservation purposes

A-6210/S-4150 (Taliaferro, Moriarty, Burzichelli/Cruz-Perez, Greenstein) – Appropriates \$4.5 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for municipal planning incentive grants for farmland preservation purposes

A-6211/S-4149 (Houghtaling, Reynolds-Jackson, Downey/Cruz-Perez, Greenstein) – Appropriates \$440,240 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for grants to certain nonprofit organizations for farmland preservation purposes

A-6212/S-4148 (Jimenez, Swain, Timberlake/Codey, Corrado) – Appropriates \$54.5 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

A-6213/S-4155 (Kennedy, Carter, Tully/Bateman, Smith) – Appropriates \$49.932 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreation and conservation purposes, including Blue Acres projects, and Green Acres Program administrative costs

A-6214/S-4153 (Danielsen, Zwicker, Conaway/Greenstein, Smith) – Appropriates \$80,539,578 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects

A-6215/S-4152 (Stanley, Murphy, Jasey/Smith, Greenstein) – Appropriates \$14,687,510 to DEP from constitutionally dedicated CBT revenues for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes

A-6246/S-4295 (Karabinchak/Sweeney) – Concerns changes in control of hotels and disruptions of hotel services

A-6257/S-4311 (McKnight/Sweeney, Singleton) – Imposes surcharge on casino hotel occupancies to fund public safety services

A-6262/S-4314 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Permits PERS retiree to return to employment in NJ Legislature after retirement under certain circumstances

A-6263/S-4315 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Appropriates \$2 million to Legislative Services Commission

Governor Murphy pocket vetoed the following bills:

S-73/A-4580 (Bateman, Sarlo/Zwicker, Thomson, McKnight) – Establishes requirements for sale of cottage food products

S-995/A-6172 (Sweeney, A.M. Bucco/Downey, McKnight) – Requires DOLWD and DHS to conduct assessment of community rehabilitation programs and community businesses

S-1934/A-1158 (Sweeney, Pou, Cryan/Freiman, Lopez, Murphy) – Authorizes use of disability benefits for transportation provided by transportation network companies

S-2679/A-1979 (Beach, Smith/Stanley, Lopez, Kennedy) – Requires paint producers to implement or participate in paint stewardship program

S-2768/A-4664 (Singleton, Ruiz/Reynolds-Jackson, Stanley, Sumter) – Authorizes State Chief Diversity Officer to conduct disparity study concerning utilization of minority-owned and women-owned businesses in State procurement process

S-3458/A-6245 (Lagana, Gopal/Coughlin, Jimenez, Mukherji) – Revises out-of-network arbitration process

S-3529/A-5442 (Addiego, Diegnan/DeAngelo, Dancer, Dunn) – Clarifies that member of SPRS may receive accidental disability benefit under certain circumstances

S-3715/A-5804 (Cryan/Quijano, Mukherji) – Modifies certain definitions related to transient accommodation taxes and fees

S-4189/A-6112 (Vitale, Cruz-Perez/Lopez) – Permits PERS retiree to return to elective public office after retirement under certain circumstances

A-1073/S-3432 (Speight, Pintor Marin, McKnight, Timberlake/Ruiz, O'Scanlon) – Establishes requirements to screen certain people who are pregnant and who have given birth for preeclampsia

A-1269/S-3490 (Greenwald, Giblin, Calabrese/Cruz-Perez, Beach) – Eliminates one percent tax on purchasers of Class 4A commercial property transferred for consideration in excess of \$1 million

A-4958/S-3740 (Tully, Armato, Zwicker/Lagana, Oroho) – Provides temporary exemption under sales and use tax for winterizing certain small business operations

A-5334/S-3442 (Lopez, Mazzeo, Stanley/Diegnan, T. Kean) – Requires DOT, NJT, and DHS to study and implement transportation mobility and accessibility improvements for persons with autism and developmental disabilities

A-5484/S-3817 (Dancer, Caputo, Houghtaling/Lagana) – Requires New Jersey Racing Commission to adopt procedures to enforce internal controls; requires annual audit

A-6033/S-4194 (Bramnick/Sweeney, T. Kean) – Classifies golf caddies as independent contractors for purposes of State employment laws

A-6157/S-4202 (Speight, Moen/Ruiz, Beach) – Prohibits circumventing intergovernmental transfer process for law enforcement officers in certain circumstances

